

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEVADA

Case number (if known)

Chapter

11☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Ahern Energy LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 82-1352567

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

**9811 W CHARLESTON BLVD
STE 2-687
Las Vegas, NV 89117**

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Clark

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor **Ahern Energy LLC**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5417**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ **Chapter 11. Check all that apply:**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☐ No☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor **See Attachment** Relationship _____

District _____ When _____ Case number, if known _____

Debtor **Ahern Energy LLC**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Ahern Energy LLC**
Name

Case number (if known) _____

**Request for Relief, Declaration, and Signatures****WARNING** — Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 16, 2021
MM / DD / YYYYX 
Signature of authorized representative of debtorEvan Ahern
Printed nameTitle Manager and Member**18. Signature of attorney**X /s/ Mark M. Weisenmiller

Signature of attorney for debtor

Date June 16, 2021
MM / DD / YYYYMark M. Weisenmiller 12128
Printed nameGarman Turner Gordon LLP
Firm name7251 Amigo Street, Suite 210
Las Vegas, NV 89119
Number, Street, City, State & ZIP CodeContact phone 725-777-3000

Email address _____

12128 NV
Bar number and State

Debtor **Ahern Energy LLC**
Name _____

Case number (if known) _____

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEVADA

Case number (if known) _____ Chapter **11**☐ Check if this an amended filing**FORM 201. VOLUNTARY PETITION****Pending Bankruptcy Cases Attachment**

Debtor	EVAN BUCKLEY AHERN and TAMMY TIPPETTS AHERN	Relationship to you	Owners
District	Nevada	When	
Debtor	GPSPRO, LLC	Relationship to you	
District	Nevada	When	

#1 EVAN FAMILY**Statement of Cash Flows**

January - December 2017

	TOTAL
OPERATING ACTIVITIES	
Net Income	4,054,894.79
Adjustments to reconcile Net Income to Net Cash provided by operations:	
Crypto Wallets:CoinBase - Sevanna	-251.66
Crypto Wallets:CoinBase - Tammy	-706.77
Digital Assets	154,968.66
Digital Assets:BTC Asset	-48.25
#9 AHERN IT - INK Credit Card (6393/6401)	-600.06
AMEX Blue Evan Credit Card (2009/3015)	-3,197.94
B of A WorldPoints - Mastercard Credit Card (5250)	6,800.63
Disney Credit Card (6428)	-3,827.09
Sapphire Credit Card (3317)	1,700.04
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	154,837.56
Net cash provided by operating activities	\$4,209,732.35
INVESTING ACTIVITIES	
#6 AHERN ENERGY - Investments - WYO Tech / EARTH ENGINE STOCK PURCHASE	-2,250,000.00
Net cash provided by investing activities	\$ -2,250,000.00
FINANCING ACTIVITIES	
#6 AHERN ENERGY - LOAN - HORST JICHA (Wyo Tech Loan)	1,443,796.26
#1 EVAN FAMILY - Contributions (MONEY IN ONLY)	301,500.00
#2 AHERN INVESTMENTS - Contributions (MONEY IN ONLY)	1,500.00
#2 AHERN INVESTMENTS - Distributions (MONEY OUT ONLY)	-29,015.00
#2 AHERN INVESTMENTS - EXPENSES X:Dues & subscriptions	-2,934.02
#2 AHERN INVESTMENTS - EXPENSES X:Repair & Maintenance	-942.04
#2 AHERN INVESTMENTS - EXPENSES X:Tenant Rent Received	2,081.74
#3 GPSPRO - Contributions (MONEY IN ONLY)	9,375.67
#3 GPSPRO - Distributions (MONEY OUT ONLY)	-2,254,960.85
#3 GPSPRO - EXPENSES X:Advertising/Promotional	-2,000.00
#3 GPSPRO - EXPENSES X:Bad Debt Expense	-13,452.00
#3 GPSPRO - EXPENSES X:Charitable Contributions - Sponsorships	-320.00
#3 GPSPRO - EXPENSES X:DEDUCT 100 - Meals-Employees Only	-9,296.05
#3 GPSPRO - EXPENSES X:DEDUCT 100 -Meals-Employees Only at Ahern Rentals	-254.52
#3 GPSPRO - EXPENSES X:DEDUCT 50 -Meals-Customers Only	-2,950.61
#3 GPSPRO - EXPENSES X:DEDUCT 50 -Meals-Travel Only	-893.12
#3 GPSPRO - EXPENSES X:Dues & subscriptions	-3,944.15
#3 GPSPRO - EXPENSES X:Entertainment - Employees	-70.38
#3 GPSPRO - EXPENSES X:Janitorial	-7,695.00
#3 GPSPRO - EXPENSES X:Legal & Professional Fees	-1,233.79
#3 GPSPRO - EXPENSES X:R&D Expense:FuelPro R&D Expenses	-2,043.04
#3 GPSPRO - EXPENSES X:R&D Expense:Michael McGhee	-850.11
#3 GPSPRO - EXPENSES X:Repair & Maintenance	-1,491.62
#3 GPSPRO - EXPENSES X:Shipping, Freight & Delivery	-1,632.31
#3 GPSPRO - EXPENSES X:Supplies & Materials	-18,956.08

#1 EVAN FAMILY**Statement of Cash Flows**

January - December 2017

	TOTAL
#3 GPSPRO - EXPENSES X:Travel-Airfare	-7,855.96
#3 GPSPRO - EXPENSES X:Travel-Car Rental	-551.87
#3 GPSPRO - EXPENSES X:Travel-Hotel	-3,476.69
#3 GPSPRO - EXPENSES X:Travel-Rideshare	-4,209.58
#3 GPSPRO - EXPENSES X:Uniform Expense	-2,646.51
#4 IRONSQUAD - EXPENSES X:DEDUCT 100 - Meals-Employees Only	-1,714.11
#4 IRONSQUAD - EXPENSES X:DEDUCT 50 -Meals-Customers Only	-416.13
#4 IRONSQUAD - EXPENSES X:Performance Expense:2016-12-24 thru 31 HGMIA	-2,550.78
#4 IRONSQUAD - EXPENSES X:Performance Expense:2017-01-23 thru 27 GCMIA	-71,224.24
#4 IRONSQUAD - EXPENSES X:Performance Expense:2017-06-17 thru 06-19 EDC LAS VEGAS	-19,724.56
#4 IRONSQUAD - EXPENSES X:Performance Expense:2017-07-01 thru 07-02 WILD KINGDOM LAS VEGAS	-6,733.09
#4 IRONSQUAD - EXPENSES X:Performance Expense:2017-08-27 thru 2017-09-04 Burning Man	-5,000.00
#4 IRONSQUAD - EXPENSES X:Performance Expense:2017-10-06 thru 10-09 GCLA	-137,723.92
#4 IRONSQUAD - EXPENSES X:Performance Expense:2018-01-26 thru 01-29 GCMIA	-90,030.41
#5 AHERN AD - Contributions (MONEY IN ONLY)	3,241.16
#5 AHERN AD - Distributions (MONEY OUT ONLY)	-261,700.00
#5 AHERN AD - EXPENSES X:DEDUCT 100 - Meals-Employees Only	-349.12
#5 AHERN AD - EXPENSES X:DEDUCT 50 -Meals-Customers Only	-847.17
#5 AHERN AD - EXPENSES X:DEDUCT 50 -Meals-Travel Only	-1,349.73
#5 AHERN AD - EXPENSES X:Dues & subscriptions	-2,902.45
#5 AHERN AD - EXPENSES X:Fuel for Trailers	-17,000.00
#5 AHERN AD - EXPENSES X:GeoCommerce Inc. (InCircl) - Advertising Expense	-75,000.00
#5 AHERN AD - EXPENSES X:Legal & Professional Fees	-172,618.66
#5 AHERN AD - EXPENSES X:Meals-Employees Only	-10.70
#5 AHERN AD - EXPENSES X:Parking	-20.00
#5 AHERN AD - EXPENSES X:R&D Expense:Michael McGhee	-404.99
#5 AHERN AD - EXPENSES X:R&D Expense:Phil Plastina	-1,675.00
#5 AHERN AD - EXPENSES X:R&D Expense:Trailers	-17,418.31
#5 AHERN AD - EXPENSES X:Towing and Fuel for Trailers	-600.00
#5 AHERN AD - EXPENSES X:Travel-Airfare	-3,059.87
#5 AHERN AD - EXPENSES X:Travel-Hotel	-20,586.91
#5 AHERN AD - EXPENSES X:Travel-Rideshare	-194.52
#6 AHERN ENERGY - EXPENSES X:Alta Shop Rent	-3,448.00
#6 AHERN ENERGY - EXPENSES X:DEDUCT 100 - Meals-Employees Only	-6,838.76
#6 AHERN ENERGY - EXPENSES X:DEDUCT 50 -Meals-Customers Only	-1,289.23
#6 AHERN ENERGY - EXPENSES X:DEDUCT 50 -Meals-Travel Only	-1,700.29
#6 AHERN ENERGY - EXPENSES X:Dues & subscriptions	-9,454.75
#6 AHERN ENERGY - EXPENSES X:Parking	-543.78
#6 AHERN ENERGY - EXPENSES X:R&D Expenses:Amitabh Houghton - MTU (Michigan Tech University)	-25,000.00
#6 AHERN ENERGY - EXPENSES X:R&D Expenses:Bobby Premarajan Amarasingam	-8,000.00
#6 AHERN ENERGY - EXPENSES X:R&D Expenses:Dan Lang	-32,193.94
#6 AHERN ENERGY - EXPENSES X:R&D Expenses:Earth Engine (WYOTech/IEC)	-250.00
#6 AHERN ENERGY - EXPENSES X:R&D Expenses:Emery Smith	-15,000.00
#6 AHERN ENERGY - EXPENSES X:R&D Expenses:Frederick Wells/Fast Freddy (GES)	-1,000.00

#1 EVAN FAMILY

Statement of Cash Flows

January - December 2017

	TOTAL
#6 AHERN ENERGY - EXPENSES X:R&D Expenses:George Manakas	-523.88
#6 AHERN ENERGY - EXPENSES X:R&D Expenses:Mike Waters	-21,868.12
#6 AHERN ENERGY - EXPENSES X:R&D Expenses:Mr Barnett	-3,142.11
#6 AHERN ENERGY - EXPENSES X:R&D Expenses:Paul Laviolette	-15,389.00
#6 AHERN ENERGY - EXPENSES X:R&D Expenses:Peter Lindemann-Zero Force Motor	-5,399.21
#6 AHERN ENERGY - EXPENSES X:R&D Expenses:Rolland Gregg	-21,802.38
#6 AHERN ENERGY - EXPENSES X:R&D Expenses:Russ Gries	-44,715.39
#6 AHERN ENERGY - EXPENSES X:R&D Expenses:Syair (Ramadhan Syahputra)	-11,608.29
#6 AHERN ENERGY - EXPENSES X:R&D Expenses:Tony Lanham / Michael Pak	-6,000.00
#6 AHERN ENERGY - EXPENSES X:Shipping, Freight & Delivery	-422.92
#6 AHERN ENERGY - EXPENSES X:Supplies & Materials	-392.95
#6 AHERN ENERGY - EXPENSES X:Travel-Airfare (R&D Expense)	-50,161.14
#6 AHERN ENERGY - EXPENSES X:Travel-Hotel (R&D Expense)	-11,241.28
#6 AHERN ENERGY - EXPENSES X:Travel-Rideshare	-568.72
#7 C6 BATTERY - EXPENSES X:DEDUCT 50 -Meals-Travel Only	-8.84
#7 C6 BATTERY - EXPENSES X:R&D Expense:FWG (First Working Generation) Robert Murray-Smith	-91,924.90
#7 C6 BATTERY - EXPENSES X:Travel-Airfare (R&D Expense)	-1,735.82
#7 C6 BATTERY - EXPENSES X:Travel-Hotel (R&D Expense)	-1,259.09
#7 C6 BATTERY - EXPENSES X:Travel-Rideshare	-68.12
#8 CRYPTO COIN BUILDER - Contributions (MONEY IN ONLY)	-10,000.00
#8 CRYPTO COIN BUILDER - Distributions (MONEY OUT ONLY)	-1,500.00
#8 CRYPTO COIN BUILDER - EXPENSES X:DEDUCT 100 - Meals-Employees Only	-793.84
#8 CRYPTO COIN BUILDER - EXPENSES X:DEDUCT 50 -Meals-Customers Only	-1,041.14
#8 CRYPTO COIN BUILDER - EXPENSES X:DEDUCT 50 -Meals-Travel Only	-288.35
#8 CRYPTO COIN BUILDER - EXPENSES X:Dues & subscriptions	-100.00
#8 CRYPTO COIN BUILDER - EXPENSES X:Parking	-48.00
#8 CRYPTO COIN BUILDER - EXPENSES X:R&D Expense	-6,982.00
#8 CRYPTO COIN BUILDER - EXPENSES X:R&D Expense:Andrew Mello	-1,394.90
#8 CRYPTO COIN BUILDER - EXPENSES X:R&D Expense:Frank Gomez	-140,000.00
#8 CRYPTO COIN BUILDER - EXPENSES X:Supplies and Materials	-4,499.02
#8 CRYPTO COIN BUILDER - EXPENSES X:Travel-Airfare	-17,206.22
#8 CRYPTO COIN BUILDER - EXPENSES X:Travel-Hotel	-2,466.01
#9 AHERN IT - Distributions (MONEY OUT ONLY)	-62,000.00
#9 AHERN IT - EXPENSES X:DEDUCT 100 - Bank Charges	-49.00
#9 AHERN IT - EXPENSES X:Tax Reimbursement	32,077.96
Opening Balance Equity	0.00
Net cash provided by financing activities	\$ -2,132,276.57
NET CASH INCREASE FOR PERIOD	\$ -172,544.22
Cash at beginning of period	229,913.02
CASH AT END OF PERIOD	\$57,368.80

#1 EVAN FAMILY

Balance Sheet

As of December 31, 2017

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
#8 Crypto Coin Builder Checking (1673)	1,500.00
#9 AHERN IT Checking (5425) - BANK ACCOUNT CLOSED	325.15
Cash App - Evan	0.00
Castle OQP RENT Checking (6117)	12,960.35
Catherine Checking (2917)	431.84
Dalmatian School Checking (7806)	4,414.87
Dream Checking (1061)	740.98
Invest Checking (0228)	352.39
Katrina Checking (2619)	615.80
MicCrewTammy Checking (2350)	738.74
MickeyEvan Checking (8124)	12,299.05
Savings - Catherine (3795)	4,351.41
Savings - Katrina (3811)	4,351.41
Savings - Sevanna (3787)	5,291.93
Savings - Tiffany (3803)	4,351.41
Total MickeyEvan Checking (8124)	30,645.21
PayPal - Evan	500.00
Security Savings (9150)	792.34
Sevanna Checking (1798)	2,178.13
Taxes Checking (1228)	334.05
Tiffany Checking (5506)	838.95
Total Bank Accounts	\$57,368.80
Other Current Assets	
#6 AHERN ENERGY - Investments - WYO Tech / EARTH ENGINE STOCK PURCHASE	2,250,000.00
Crypto Wallets	
CoinBase - Evan	1,069.72
CoinBase - Sevanna	251.66
CoinBase - Tammy	706.77
Total Crypto Wallets	2,028.15
Digital Assets	-154,968.66
BTC Asset	48.25
Total Digital Assets	-154,920.41
Total Other Current Assets	\$2,097,107.74
Total Current Assets	\$2,154,476.54
TOTAL ASSETS	\$2,154,476.54

#1 EVAN FAMILY

Balance Sheet

As of December 31, 2017

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
#9 AHERN IT - INK Credit Card (6393/6401)	-600.00
AMEX Blue Evan Credit Card (2009/3015)	3,000.00
B of A WorldPoints - Mastercard Credit Card (5250)	14,000.00
Disney Credit Card (6428)	23,918.08
Sapphire Credit Card (3317)	11,047.66
Total Credit Cards	\$51,365.74
Total Current Liabilities	\$51,365.74
Long-Term Liabilities	
#6 AHERN ENERGY - LOAN - HORST JICHA (Wyo Tech Loan)	1,443,796.26
Total Long-Term Liabilities	\$1,443,796.26
Total Liabilities	\$1,495,162.00
Equity	
#1 EVAN FAMILY - Contributions (MONEY IN ONLY)	301,500.00
#2 AHERN INVESTMENTS - Contributions (MONEY IN ONLY)	1,500.00
#2 AHERN INVESTMENTS - Distributions (MONEY OUT ONLY)	-29,015.00
#2 AHERN INVESTMENTS - EXPENSES X	
Dues & subscriptions	-2,934.02
Repair & Maintenance	-942.04
Tenant Rent Received	2,081.74
Total #2 AHERN INVESTMENTS - EXPENSES X	-1,794.32
#3 GPSPRO - Contributions (MONEY IN ONLY)	9,375.67
#3 GPSPRO - Distributions (MONEY OUT ONLY)	-2,254,960.85
#3 GPSPRO - EXPENSES X	
*NEEDS TO BE CATEGORIZED	0.00
Advertising/Promotional	-2,000.00
Bad Debt Expense	-13,452.00
Charitable Contributions - Sponsorships	-320.00
DEDUCT 100 - Meals-Employees Only	-9,296.05
DEDUCT 100 -Meals-Employees Only at Ahern Rentals	-254.52
DEDUCT 50 -Meals-Customers Only	-2,950.61
DEDUCT 50 -Meals-Travel Only	-893.12
Dues & subscriptions	-3,944.15
Entertainment - Employees	-70.38
Janitorial	-7,695.00

#1 EVAN FAMILY

Balance Sheet

As of December 31, 2017

	TOTAL
Legal & Professional Fees	-1,233.79
R&D Expense	0.00
FuelPro R&D Expenses	-2,043.04
Michael McGhee	-850.11
Richard Ethington	0.00
Total R&D Expense	-2,893.15
Repair & Maintenance	-1,491.62
Shipping, Freight & Delivery	-1,632.31
Supplies & Materials	-18,956.08
Travel-Airfare	-7,855.96
Travel-Car Rental	-551.87
Travel-Hotel	-3,476.69
Travel-Rideshare	-4,209.58
Uniform Expense	-2,646.51
Total #3 GPSPRO - EXPENSES X	-85,823.39
#4 IRONSQUAD - EXPENSES X	
*NEEDS TO BE CATEGORIZED	0.00
DEDUCT 100 - Meals-Employees Only	-1,714.11
DEDUCT 50 -Meals-Customers Only	-416.13
Performance Expense	
2015-10-01 GCLA	0.00
2015-12-28 HGMIA	0.00
2016-01-22 thru 01-26 GCMIA	200.50
2016-03-11 thru 3-14 GCIAS (Inception at Sea)	0.00
2016-04-29 thru 05-02 FURTHER FUTURE	0.00
2016-06-17 thru 06-19 EDC LAS VEGAS	0.00
2016-08-06 thru 08-07 BASS CAMP TAHOE	0.00
2016-08-29 thru 09-05 BURNING MAN	0.00
2016-10-28 thru 11/02 GCCABO (Norwegian Sun)	0.00
2016-12-24 thru 31 HGMIA	-2,550.78
2017-01-23 thru 27 GCMIA	-71,224.24
2017-06-17 thru 06-19 EDC LAS VEGAS	-19,724.56
2017-07-01 thru 07-02 WILD KINGDOM LAS VEGAS	-6,733.09
2017-08-27 thru 2017-09-04 Burning Man	-5,000.00
2017-10-06 thru 10-09 GCLA	-137,723.92
2018-01-26 thru 01-29 GCMIA	-90,030.41
Total Performance Expense	-332,786.50
Supplies & Materials	0.00
Total #4 IRONSQUAD - EXPENSES X	-334,916.74

#1 EVAN FAMILY

Balance Sheet

As of December 31, 2017

	TOTAL
#5 AHERN AD - Contributions (MONEY IN ONLY)	3,241.16
#5 AHERN AD - Distributions (MONEY OUT ONLY)	-261,700.00
#5 AHERN AD - EXPENSES X	
*NEEDS TO BE CATEGORIZED	0.00
DEDUCT 100 - Meals-Employees Only	-349.12
DEDUCT 50 -Meals-Customers Only	-847.17
DEDUCT 50 -Meals-Travel Only	-1,349.73
Dues & subscriptions	-2,902.45
Fuel for Trailers	-17,000.00
GeoCommerce Inc. (InCircI) - Advertising Expense	-75,000.00
Insurance	0.00
Legal & Professional Fees	-172,618.66
Meals-Employees Only	-10.70
Parking	-20.00
R&D Expense	
Michael McGhee	-404.99
Phil Plastina	-1,675.00
Trailers	-17,418.31
Total R&D Expense	-19,498.30
Towing and Fuel for Trailers	-600.00
Travel-Airfare	-3,059.87
Travel-Hotel	-20,586.91
Travel-Rideshare	-194.52
Total #5 AHERN AD - EXPENSES X	-314,037.43
#6 AHERN ENERGY - EXPENSES X	
*NEEDS TO BE CATEGORIZED	0.00
Alta Shop Rent	-3,448.00
DEDUCT 100 - Meals-Employees Only	-6,838.76
DEDUCT 50 -Meals-Customers Only	-1,289.23
DEDUCT 50 -Meals-Travel Only	-1,700.29
Dues & subscriptions	-9,454.75
Parking	-543.78

#1 EVAN FAMILY

Balance Sheet

As of December 31, 2017

	TOTAL
R&D Expenses	
Amitabh Houghton - MTU (Michigan Tech University)	-25,000.00
Bernard Winkelmann	0.00
Bobby Premarajan Amarasingam	-8,000.00
Dan Lang	-32,193.94
Earth Engine (WYOTech/IEC)	-250.00
Emery Smith	-15,000.00
Frederick Wells/Fast Freddy (GES)	-1,000.00
George Manakas	-523.88
Kat/Orion	0.00
Limitless	0.00
Mike Waters	-21,868.12
Mr Barnett	-3,142.11
Paul Laviolette	-15,389.00
Peter Lindemann-Zero Force Motor	-5,399.21
Rolland Gregg	-21,802.38
Russ Gries	-44,715.39
Syair (Ramadhan Syahputra)	-11,608.29
Tony Lanham / Michael Pak	-6,000.00
Total R&D Expenses	-211,892.32
Shipping, Freight & Delivery	-422.92
Supplies & Materials	-392.95
Travel-Airfare (R&D Expense)	-50,161.14
Travel-Hotel (R&D Expense)	-11,241.28
Travel-Rideshare	-568.72
Total #6 AHERN ENERGY - EXPENSES X	-297,954.14
#7 C6 BATTERY - EXPENSES X	
DEDUCT 50 -Meals-Travel Only	-8.84
R&D Expense	
FWG (First Working Generation) Robert Murray-Smith	-91,924.90
Total R&D Expense	-91,924.90
Travel-Airfare (R&D Expense)	-1,735.82
Travel-Hotel (R&D Expense)	-1,259.09
Travel-Rideshare	-68.12
Total #7 C6 BATTERY - EXPENSES X	-94,996.77
#8 CRYPTO COIN BUILDER - Contributions (MONEY IN ONLY)	-10,000.00
#8 CRYPTO COIN BUILDER - Distributions (MONEY OUT ONLY)	-1,500.00

#1 EVAN FAMILY

Balance Sheet

As of December 31, 2017

	TOTAL
#8 CRYPTO COIN BUILDER - EXPENSES X	
DEDUCT 100 - Meals-Employees Only	-793.84
DEDUCT 50 -Meals-Customers Only	-1,041.14
DEDUCT 50 -Meals-Travel Only	-288.35
Dues & subscriptions	-100.00
Parking	-48.00
R&D Expense	-6,982.00
Andrew Mello	-1,394.90
Frank Gomez	-140,000.00
Total R&D Expense	-148,376.90
Supplies and Materials	-4,499.02
Travel-Airfare	-17,206.22
Travel-Hotel	-2,466.01
Total #8 CRYPTO COIN BUILDER - EXPENSES X	-174,819.48
#9 AHERN IT - Contributions (MONEY IN ONLY)	0.00
#9 AHERN IT - Distributions (MONEY OUT ONLY)	-62,000.00
#9 AHERN IT - EXPENSES X	
DEDUCT 100 - Bank Charges	-49.00
Tax Reimbursement	32,077.96
Total #9 AHERN IT - EXPENSES X	32,028.96
Opening Balance Equity	-330,584.65
Retained Earnings	510,876.73
Net Income	4,054,894.79
Total Equity	\$659,314.54
TOTAL LIABILITIES AND EQUITY	\$2,154,476.54

#1 EVAN FAMILY

Profit and Loss

January - December 2017

	TOTAL
Income	
EVAN ONLY Primary Income from Ahern IT	
EVAN ONLY Weekly Income from Ahern IT	46,174.95
Total EVAN ONLY Primary Income from Ahern IT	46,174.95
EVAN ONLY Primary Income from Ahern Rentals	
Bonus/Sales Commission from Ahern Rentals	77,760.70
EVAN ONLY Weekly Income from Ahern Rentals	519,403.15
Total EVAN ONLY Primary Income from Ahern Rentals	597,163.85
EVAN ONLY Primary Income from GPSPRO, LLC	53,980.73
Interest Income	175.80
Other Primary Income - SEVANNA ONLY	350.80
TAMMY ONLY Primary Income from GPSPRO, LLC	32,785.68
Uncategorized Income	48.25
Total Income	\$730,680.06
GROSS PROFIT	\$730,680.06
Expenses	
Bank Charges & Fees	1,285.20
DEDUCT 100 - Non-Chase ATM Fee-Withdrawal	-2.66
Total Bank Charges & Fees	1,282.54
Car & Truck - Fuel	
Evan (Business Only - 100)	1,137.01
Sevanna (Personal Only)	51.46
Tammy (Personal and Business - 50/50)	1,676.79
Total Car & Truck - Fuel	2,865.26
Clothing	20,431.75
DEDUCT - Car & Truck	
Vehicle Repair (Tammy - Personal and Business 50/50)	4,283.36
Total DEDUCT - Car & Truck	4,283.36
DEDUCT - Education - University	
Books, Materials and Supplies (qualifies for the Education Credit)	1,698.60
Entertainment	949.96
Fuel - Sevanna	904.12
Housing	2,060.48
Meals	3,695.44
Mission - Sevanna	1,618.06
Parking	68.00
Personal Care - Sevanna	2,003.78
Travel	2,714.18
Tuition - BYU	4,743.26
Total DEDUCT - Education - University	20,455.88

#1 EVAN FAMILY

Profit and Loss

January - December 2017

	TOTAL
DEDUCT - Medical & Dental	45,930.04
Medical - Hotel	6,203.62
Medical - Meals	1,418.69
Medical - Travel	4,832.91
Medical Prescriptions	14,979.14
Total DEDUCT - Medical & Dental	73,364.40
DEDUCT 100 - Charitable Contributions - Tithing & Fast Offering - EVAN and TAMMY ONLY	33,821.96
DEDUCT 100 - Disputed/Fraud Charges	394.56
DEDUCT 100 - Interest Paid	4,112.15
DEDUCT 30 - EVAN & TAMMY HOME RENT (9103 Alta Dr Unit #1401, Las Vegas NV 89145)	84,125.00
Education - High School	1,772.66
Books, Materials and Supplies	454.64
High School Education	10,571.58
Tutor & Teacher	5,115.00
Total Education - High School	17,913.88
Gifts	6,234.67
Girls Camp	285.00
Groceries	15,558.38
Household Shopping	29,637.49
Other Business Expenses	189.32
Personal Care	23,168.99
Pet Care	4,161.98
Political Donation	2,500.00
Reimbursable Expenses	
DFA FLP Tax Reimbursement Expenses (FAMILY LIMITED PARTNERSHIP)	-227,856.02
Total Reimbursable Expenses	-227,856.02
Repairs & Maintenance	770.00
Sports & Hobbies	110.16
Subscriptions	3,650.67
Personal	3,569.86
Total Subscriptions	7,220.53
TME - PERSONAL - Entertainment	8,694.86
TME - PERSONAL - Meals	28,735.57
TME - PERSONAL - Travel	8,651.88
Travel Entertainment	503.09
Travel Flights	-120.77
Travel Meals	1,518.82
Travel Parking	626.25
Total TME - PERSONAL - Travel	11,179.27
Travel-Rideshare	2,102.47

#1 EVAN FAMILY

Profit and Loss

January - December 2017

	TOTAL
Utilities - Personal	1,672.32
Total Expenses	\$177,415.73
NET OPERATING INCOME	\$553,264.33
Other Income	
#1 EVAN FAMILY - OTHER INCOME	
Sale of Ahern IT, LLC.	3,500,000.00
Total #1 EVAN FAMILY - OTHER INCOME	3,500,000.00
#9 AHERN IT - OTHER INCOME	
Other Miscellaneous Income (Momentum Referral Commissions)	12,075.32
Total #9 AHERN IT - OTHER INCOME	12,075.32
Sevanna Income - BYU Lab Intern Work - Direct Deposit	1,155.40
Total Other Income	\$3,513,230.72
Other Expenses	
CASH (ATM) - CATHERINE	20.00
CASH (ATM) - EVAN	10,174.26
CASH (ATM) - SEVANNA	400.00
CASH (ATM) - TAMMY	1,006.00
Total Other Expenses	\$11,600.26
NET OTHER INCOME	\$3,501,630.46
NET INCOME	\$4,054,894.79

Federal Filing Instructions**2017**

Name as shown on return

Tax ID Number

EVAN B AHERN and TAMMY TIPPETTS AHE

Form to be filed: Form 1040X and supplemental forms and schedules

Sign and date: Form 1040X is not considered a valid return unless it is signed and dated by the appropriate parties.

Address to file: Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0052

Refund: \$74,890

Transaction Method: Any additional refund method you claim on Form 1040X will be sent separately, via paper check, from any refund you have not yet received from your original return.

Other Instructions: File Form 1040X only after you have filed your original return. Generally, for a credit or refund, Form 1040X must be filed within 3 years after the date you filed the original return or within 2 years after the date you paid the tax, whichever is later. A return filed early is considered filed on the due date.

Form

1040X

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. January 2018)

Go to www.irs.gov/Form1040X for instructions and the latest information.This return is for calendar year ☒ 2017 ☐ 2016 ☐ 2015 ☐ 2014

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial

EVAN B

Last name

AHERN

Your social security number

If a joint return, spouse's first name and initial

TAMMY

Last name

TIPPETTS AHERN

Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions.

9811 W CHARLESTON

Apt. no.

2-687

Your phone number

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

LAS VEGAS

NV 89117

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

- ☐ Single ☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)
☒ Married filing jointly ☐ Qualifying widow(er)
☐ Married filing separately

Full-year coverage.

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No."

See instructions.

☒ Yes ☐ No

Use Part III on page 2 to explain any changes

Income and Deductions

1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here	1	616,029	(1,455,892)	(839,863)
2	Itemized deductions or standard deduction	2	41,846	45,931	87,777
3	Subtract line 2 from line 1	3	574,183	(1,501,823)	(927,640)
4	Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29	4		24,300	24,300
5	Taxable income. Subtract line 4 from line 3	5	574,183	(1,526,123)	(951,940)
Tax Liability					
6	Tax. Enter method(s) used to figure tax (see instructions): Sch D	6	79,917	(79,917)	0
7	Credits. If a general business credit carryback is included, check here	7	19,936	(19,936)	
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	59,981	(59,981)	0
9	Health care: individual responsibility (see instructions)	9			
10	Other taxes	10	22,065	(13,909)	8,156
11	Total tax. Add lines 8, 9, and 10	11	82,046	(73,890)	8,156

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12	212,281		212,281
13	Estimated tax payments, including amount applied from prior year's return	13			
14	Earned income credit (EIC)	14			
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 <input checked="" type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 4136 <input type="checkbox"/> 8962 or other (specify):	15		1,000	1,000
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			
17	Total payments. Add lines 12 through 15, column C, and line 16	17			213,281

Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		130,235
19	Subtract line 18 from line 17 (If less than zero, see instructions.)	19		83,046
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		74,890
22	Amount of line 21 you want refunded to you	22		74,890
23	Amount of line 21 you want applied to your (enter year): estimated tax	23		

Complete and sign this form on Page 2.

Form 1040X (Rev. 1-2018)

Page 2

Part I Exemptions

Complete this part only if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself	24	2	2
25	Your dependent children who lived with you	25	4	4
26	Your dependent children who didn't live with you due to divorce or separation	26		
27	Other dependents	27		
28	Total number of exemptions. Add lines 24 through 27	28	6	6
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the Instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form	29	24,300	24,300
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see Instructions)
SEVANNA	AHERN		DAUGHTER	
CATHERINE	AHERN		DAUGHTER	
TIFFANY	AHERN		DAUGHTER	X
KATRINA	AHERN		DAUGHTER	X

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

Attach any supporting documents and new or changed forms and schedules.

THE ORIGINAL RETURN WAS PREPARED PRIOR TO REVIEWING THE QUICKBOOKS FOR THE VARIOUS LLC'S OWNED BY THE TAXPAYERS, SO MULTIPLE EXPENSES HAVE BEEN REVISED AND THE CORRESPONDING ADJUSTMENTS HAVE BEEN MADE TO THE R&D CREDIT AS WELL.

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here

[Signature] 5/17/2021 EXECUTIVE OFFICER
 Your signature Date Your occupation
[Signature] 5/17/2021 DOMESTIC ENGINEER
 Spouse's signature, if a joint return, both must sign. Date Spouse's occupation

Paid Preparer Use Only

[Signature] 05-16-2021 DAVID DEITERMAN CPA
 Preparer's signature Date Firm's name (or yours if self-employed)
 7804 BROOKFIELD COVE AVE
 LAS VEGAS, NV 89131
 Firm's address and ZIP code

DAVID DEITERMAN

Print/type preparer's name

P00142028

PTIN

☐ Check if self-employed

Phone number

88-0370352

EIN

For forms and publications, visit IRS.gov.
 EEA

Form 1040X (Rev. 1-2018)

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2017)

**SCHEDULE A
(Form 1040)****Itemized Deductions**

OMB No. 1545-0074

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040.

2017Attachment
Sequence No. **07**Department of the Treasury
Internal Revenue Service (99)**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

Name(s) shown on Form 1040

Your social security number

EVAN B AHERN & TAMMY TIPPETTS AHERN**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|--------|
| 1 | Medical and dental expenses (see instructions) | 1 | 73,364 |
| 2 | Enter amount from Form 1040, line 38 | 2 | 0 |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 0 |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 73,364 |

**Taxes You
Paid**

5 State and local (check only one box):

- a ☐ Income taxes, or
b ☐ General sales taxes

- 6 Real estate taxes (see instructions)
7 Personal property taxes
8 Other taxes. List type and amount ▶

9 Add lines 5 through 8

**Interest
You Paid**

- 10 Home mortgage interest and points reported to you on Form 1098
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶

Note:
Your mortgage interest deduction may be limited (see instructions).

- 12 Points not reported to you on Form 1098. See instructions for special rules
13 Mortgage insurance premiums (see instructions)
14 Investment interest. Attach Form 4952 if required. See instructions.

15 Add lines 10 through 14

**Gifts to
Charity**

If you made a gift and got a benefit for it, see instructions.

- 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions
17 Other than by cash or check. If any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500
18 Carryover from prior year
19 Add lines 16 through 18

**Casualty and
Theft Losses**

20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions

**Job Expenses
and Certain
Miscellaneous
Deductions**

- 21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instr. ▶
22 Tax preparation fees
23 Other expenses - investment, safe deposit box, etc. List type and amount ▶
24 Add lines 21 through 23
25 Enter amount from Form 1040, line 38

27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-

**Other
Miscellaneous
Deductions**

28 Other - from list in instructions. List type and amount ▶

**Total
Itemized
Deductions**

29 Is Form 1040, line 38, over \$156,900?

☒ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.☐ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.

30 If you elect to itemize deductions even though they are less than your standard deduction, check here

Department of the Treasury
 Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment
 Sequence No. 08

Name(s) shown on return

Your social security number

EVAN B AHERN & TAMMY TIPPETTS AHERN

Part I
Interest

(See instructions
 and the
 instructions for
 Form 1040A, or
 Form 1040,
 line 8a.)

Note: If you
 received a Form
 1099-INT, Form
 1099-OID, or
 substitute
 statement from
 a brokerage firm,
 list the firm's
 name as the
 payer and enter
 the total interest
 shown on that
 form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

THE DFA FAMILY LIMITED PT
 JPMORGAN CHASE BANK

Amount

38,163
 176

INTEREST SUBTOTAL 38,339

- 2 Add the amounts on line 1 2 38,339
 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.
 Attach Form 8815 3
 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form
 1040, line 8a 4 38,339

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II

**Ordinary
 Dividends**

(See instructions
 and the
 instructions for
 Form 1040A, or
 Form 1040,
 line 9a.)

Note: If you
 received a Form
 1099-DIV or
 substitute
 statement from
 a brokerage firm,
 list the firm's
 name as the
 payer and enter
 the ordinary
 dividends shown
 on that form.

- 5 List name of payer ▶
 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form
 1040, line 9a 6

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

**Foreign
 Accounts
 and Trusts**

(See instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

- 7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions X
 If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
 b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶
 8 During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions X

**SCHEDULE C
(Form 1040)****Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2017Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)

► Go to **www.irs.gov/ScheduleC** for instructions and the latest information.
 ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor EVAN B AHERN		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) ELECTRONICS		B Enter code from Instructions ► 518210
C Business name. If no separate business name, leave blank. GPSPRO LLC		D Employer ID number (EIN), (see instr.) 81-3017309
E Business address (including suite or room no.) ► 9811 W CHARLESTON APT 2-687 City, town or post office, state, and ZIP code LAS VEGAS, NV 89117		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2017, check here . . .		
I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) . . .		Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099? . . .		Yes <input type="checkbox"/> No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	1,009,341
2	Returns and allowances		2	13,452
3	Subtract line 2 from line 1		3	995,889
4	Cost of goods sold (from line 42)		4	91,369
5	Gross profit. Subtract line 4 from line 3		5	904,520
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	904,520

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	2,320	18	Office expense (see instructions)	18	15,917
9	Car and truck expenses (see instructions)	9	1,300	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	1,357	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	47,008
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	9,187
14	Employee benefit programs (other than on line 19)	14	300	22	Supplies (not included in Part III)	22	143,320
15	Insurance (other than health)	15	51,257	23	Taxes and licenses	23	125,968
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	66,091
b	Other	16b	3,998	b	Deductible meals and entertainment (see instructions)	24b	2,040
17	Legal and professional services	17	173,718	25	Utilities	25	9,492
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	602,484
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	584,078
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	(935,315)				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input checked="" type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017

Name(s)

EVAN B AHERN

SSN

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35 0
36	Purchases less cost of items withdrawn for personal use	36 87,100
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39 4,269
40	Add lines 35 through 39	40 91,369
41	Inventory at end of year	41 0
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 91,369

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	► 06-28-2016
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:	
a	Business	300
b	Commuting (see instructions)	
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Statement #1

48	Total other expenses. Enter here and on line 27a	48 584,078
-----------	---	-------------------

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2017Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.

► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

EVAN B AHERN

Social security number (SSN)

[REDACTED]

A Principal business or profession, including product or service (see instructions)**ADVERTISING****B** Enter code from Instructions► **541800****C** Business name. If no separate business name, leave blank.**AHERN AD LLC****D** Employer ID number (EIN), (see instr.)**E** Business address (including suite or room no.) ► **9811 W CHARLESTON APT 2-687**City, town or post office, state, and ZIP code **LAS VEGAS, NV 89117****F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►**G** Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses . . . ☒ Yes ☐ No**H** If you started or acquired this business during 2017, check here . . . ☐ Yes ☒ No**I** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) . . . ☐ Yes ☒ No**J** If "Yes," did you or will you file required Forms 1099? . . . ☐ Yes ☒ No**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	1,392
2 Returns and allowances		2	0
3 Subtract line 2 from line 1		3	1,392
4 Cost of goods sold (from line 42)		4	223,639
5 Gross profit. Subtract line 4 from line 3		5	(222,247)
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	(222,247)

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	80,060	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	2,581	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	72,500	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	99,063
12 Depletion	12		b Other business property	20b	229,515
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	80,301
15 Insurance (other than health)	15	2,776	23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	23,842
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	1,099
17 Legal and professional services	17	308,478	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	238,332
			b Reserved for future use	27b	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a **28** **1,138,547****29** Tentative profit or (loss). Subtract line 28 from line 7 **29** **(1,360,794)****30** Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).**Simplified method filers only:** enter the total square footage of: (a) your home: _____

and (b) the part of your home used for business: _____. Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30 **30****31** **Net profit or (loss).** Subtract line 30 from line 29.

• If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.

• If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Form 1040, line 12**, (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.

• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☒ All investment is at risk.**32b** ☐ Some investment is not at risk.

Name(s)

EVAN B AHERN

SSN

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35 0
36	Purchases less cost of items withdrawn for personal use	36 221,945
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38 1,694
39	Other costs	39
40	Add lines 35 through 39	40 223,639
41	Inventory at end of year	41 0
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 223,639

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	07-07-2016
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:	
a	Business	100
b	Commuting (see instructions)	
c	Other	100
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

RESEARCH	152,951
SHIPPING	58,379
RESEARCH FROM EVAN FAMILY QB	19,498
BANK CHARGES	3,894
REIMBURSABLE	3,241
EMPLOYEE MEALS FROM EVAN FAMILY QB	360
DUES	9
48 Total other expenses. Enter here and on line 27a	48 238,332

**SCHEDULE C
(Form 1040)****Profit or Loss From Business**

OMB No. 1545-0074

(Sole Proprietorship)

2017Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. **09**

Name of proprietor

EVAN B AHERN

Social security number (SSN)

[REDACTED]

A Principal business or profession, including product or service (see instructions)**ENERGY RESEARCH****B** Enter code from instructions▶ **335000****C** Business name. If no separate business name, leave blank.**AHERN ENERGY LLC****D** Employer ID number (EIN), (see instr.)**82-1352567****E** Business address (including suite or room no.) ▶ **9811 W CHARLESTON APT 2-687**City, town or post office, state, and ZIP code **LAS VEGAS, NV 89117****F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses . . . ☒ Yes ☐ No**H** If you started or acquired this business during 2017, check here . . . ☒ Yes ☐ No**I** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) . . . ☐ Yes ☒ No**J** If "Yes," did you or will you file required Forms 1099? . . . ☐ Yes ☒ No**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	0
2 Returns and allowances		2	0
3 Subtract line 2 from line 1		3	0
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	0
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	0

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	18,453
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22	816
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest		24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	71,788
b Other	16b	b Deductible meals and entertainment (see instructions)	24b	1,495
17 Legal and professional services	17	25 Utilities	25	
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48)	27a	881,434
		b Reserved for future use	27b	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶ **28** **2,051,345****29** Tentative profit or (loss). Subtract line 28 from line 7 **29** **(2,051,345)****30** Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home: _____
 and (b) the part of your home used for business: _____. Use the Simplified
 Method Worksheet in the instructions to figure the amount to enter on line 30

31 **Net profit or (loss).** Subtract line 30 from line 29.

- If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Form 1040, line 12**, (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☒ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017

Name(s)

EVAN B AHERN

SSN

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:	
a	Business	b Commuting (see instructions)
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

RESEARCH FROM GPSPRO LLC	595,228
R&D FROM EVAN FAMILY QB	211,892
RESEARCH FROM AHERN AD LLC	58,020
DUES FROM EVAN FAMILY QB	9,455
EMPLOYEE MEALS FROM EVAN FAMILY QB	6,839
48 Total other expenses. Enter here and on line 27a	48 881,434

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2017Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.

► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor EVAN B AHERN		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) REAL ESTATE MGMT		B Enter code from instructions ► 531310
C Business name. If no separate business name, leave blank. AHERN INVESTMENTS LLC		D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ► 9811 W CHARLESTON APT 2-687 City, town or post office, state, and ZIP code LAS VEGAS, NV 89117		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2017, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	2,082
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	2,082
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	2,082
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	2,082

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	942
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	23,960	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	13,877
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	38,779			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	(36,697)			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	(36,697)			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017

Name(s)

EVAN B AHERN

SSN

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	►
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:	
a	Business	b Commuting (see instructions)
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

DOMAIN PURCHASES	8,256
EDUCATION	2,673
BANK CHARGES	12
PARKING	2
DUES AND SUBSCRIPTIONS FROM EVAN FAMILY	2,934
48 Total other expenses. Enter here and on line 27a	48 13,877

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2017Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)

► Go to **www.irs.gov/ScheduleC** for instructions and the latest information.

► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor EVAN B AHERN		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) ENTERTAINMENT		B Enter code from instructions ► 711410
C Business name. If no separate business name, leave blank. IRONSQUAD LLC		D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ► 9811 W CHARLESTON APT 2-687 City, town or post office, state, and ZIP code LAS VEGAS, NV 89117		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2017, check here		
I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
J If "Yes," did you or will you file required Forms 1099?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	126,066
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	126,066
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	126,066
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	126,066

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	4,112
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	208
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	473,242
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	477,562			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	(351,496)			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	(351,496)			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017

Name(s)

EVAN B AHERN

SSN

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
a	Business _____ b Commuting (see instructions) _____ c Other _____
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

PERFORMANCE EXPENSES FROM EVAN FAMILY QB	332,786
IN KIND LODGING	126,066
PERFORMANCE EXPENSES	12,676
EMPLOYEE MEALS FROM EVAN FAMILY QB	1,714
48 Total other expenses. Enter here and on line 27a	48 473,242

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2017Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)▶ Go to **www.irs.gov/ScheduleC** for instructions and the latest information.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

EVAN B AHERN

Social security number (SSN)

[REDACTED]

A Principal business or profession, including product or service (see instructions)**PRODUCT DEVELOPMENT****B** Enter code from instructions▶ **339900****C** Business name. If no separate business name, leave blank.**C6 BATTERY LLC****D** Employer ID number (EIN), (see instr.)**E** Business address (including suite or room no.) ▶ **9811 W CHARLESTON APT 2-687**City, town or post office, state, and ZIP code **LAS VEGAS, NV 89117****F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses . . . ☒ Yes ☐ No**H** If you started or acquired this business during 2017, check here . . . ☒ Yes ☐ No**I** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) . . . ☒ Yes ☐ No**J** If "Yes," did you or will you file required Forms 1099? . . . ☒ Yes ☐ No**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . <input type="checkbox"/>	1	0
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	0
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	0
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	0

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	3,063
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	5
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	231,725
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31				(234,793)
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017

Name(s)

EVAN B AHERN

SSN

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) 43
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
a	Business 44
b	Commuting (see instructions) 44
c	Other 44
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

RESEARCH FROM GPSPRO QB	139,800
R&D FWG FROM EVAN FAMILY QB	91,925
48 Total other expenses. Enter here and on line 27a	48 231,725

**SCHEDULE C
(Form 1040)****Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2017Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
 ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. **09**

Name of proprietor

EVAN B AHERN

Social security number (SSN)

[REDACTED]

A Principal business or profession, including product or service (see instructions)**SOFTWARE DEVELOPMENT****B** Enter code from instructions► **541510****C** Business name. If no separate business name, leave blank.**CRYPTO COIN BUILDER LLC****D** Employer ID number (EIN), (see instr.)**E** Business address (including suite or room no.) ► **9811 W CHARLESTON APT 2-687**City, town or post office, state, and ZIP code **LAS VEGAS, NV 89117****F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►**G** Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses . . . ☒ Yes ☐ No**H** If you started or acquired this business during 2017, check here . . . ☒ Yes ☐ No**I** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) . . . ☐ Yes ☒ No**J** If "Yes," did you or will you file required Forms 1099? . . . ☐ Yes ☐ No**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	0
2 Returns and allowances		2	0
3 Subtract line 2 from line 1		3	0
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	0
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	0

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	4,499
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	19,720
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	665
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	149,271
			b Reserved for future use	27b	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a **28** **174,155****29** Tentative profit or (loss). Subtract line 28 from line 7 **29** **(174,155)****30** Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).**Simplified method filers only:** enter the total square footage of: (a) your home: _____

and (b) the part of your home used for business: _____. Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

31 **Net profit or (loss).** Subtract line 30 from line 29.• If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**.(If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.• If a loss, you **must** go to line 32.**32** If you have a loss, check the box that describes your investment in this activity (see instructions).• If you checked 32a, enter the loss on both **Form 1040, line 12**, (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.**32a** ☒ All investment is at risk.**32b** ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017

Name(s)

EVAN B AHERN

SSN

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
a	Business _____
b	Commuting (see instructions) _____
c	Other _____
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

R&D FROM EVAN FAMILY QB	148,377
EMPLOYEE MEALS FROM EVAN FAMILY QB	794
DUES AND SUBSCRIPTIONS FROM EVAN FAMILY QB	100

48	Total other expenses. Enter here and on line 27a	48	149,271
-----------	---	-----------	---------

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2017Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	2931720.72	2727879.34		203841.38
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.	0	0		0
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 11338H

Schedule D (Form 1040) 2017

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div style="border-bottom: 1px solid black; width: 150px;"></div> </div>	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Form **8949****Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2017
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.01002004 BTC	09.07.2016	01.01.2017	9.99	6.24			3.75
	0.09832842 BTC	09.07.2016	01.02.2017	100.02	61.27			38.75
	0.01106562 BTC	09.07.2016	01.09.2017	10.0	6.9			3.1
	0.15585661 BTC	09.07.2016	01.15.2017	130.0	97.12			32.88
	0.03345974 BTC	09.07.2016	01.20.2017	30.0	20.85			9.15
	0.08159269 BTC	09.07.2016	03.01.2017	100.0	50.85			49.15
	0.07852375 BTC	09.07.2016	03.02.2017	99.99	48.93			51.06
	0.00641161 BTC	09.07.2016	03.17.2017	7.0	4.0			3.0
	0.09723239 BTC	09.07.2016	03.23.2017	100.51	60.59			39.92
	0.00688008 BTC	09.07.2016	03.23.2017	6.99	4.29			2.7
	0.00400539 BTC	11.18.2016	03.28.2017	4.21	2.99			1.22
	0.00616372 BTC	12.18.2016	03.28.2017	6.48	4.89			1.59
	0.00639576 BTC	01.07.2017	03.28.2017	6.72	5.95			0.77
	0.00773364 BTC	12.14.2016	03.28.2017	8.13	6.01			2.12
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				620.04	380.88			239.16

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 377682

Form **8949** (2017)

Form **8949**
Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2017

Attachment
Sequence No. 12A▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.01229665 BTC	02.24.2017	03.28.2017	12.93	14.61			(1.69)
	0.01411851 BTC	12.11.2016	03.28.2017	14.84	10.86			3.98
	0.01411851 BTC	12.11.2016	03.28.2017	14.84	10.86			3.98
	0.01914015 BTC	12.14.2016	03.28.2017	20.12	14.92			5.2
	0.02413174 BTC	02.18.2017	03.28.2017	25.37	25.5			(0.13)
	0.02550765 BTC	02.21.2017	03.28.2017	26.82	28.72			(1.9)
	0.02553996 BTC	02.23.2017	03.28.2017	26.85	30.62			(3.77)
	0.02556875 BTC	02.19.2017	03.28.2017	26.88	26.98			(0.1)
	0.02556964 BTC	02.10.2017	03.28.2017	26.88	25.69			1.19
	0.0256124 BTC	02.16.2017	03.28.2017	26.93	26.7			0.23
	0.02563853 BTC	02.15.2017	03.28.2017	26.95	26.04			0.91
	0.02580999 BTC	02.14.2017	03.28.2017	27.13	26.19			0.94
	0.02583811 BTC	02.20.2017	03.28.2017	27.16	28.08			(0.92)
	0.02587162 BTC	02.13.2017	03.28.2017	27.2	25.95			1.25
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				330.9	321.72			9.17

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37682

Form **8949** (2017)

Form **8949**
Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2017
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.02598498 BTC	02.07.2017	03.28.2017	27.32	27.73			(0.41)
	0.02598551 BTC	02.08.2017	03.28.2017	27.32	27.69			(0.37)
	0.02601207 BTC	02.11.2017	03.28.2017	27.35	26.35			1.0
	0.02607752 BTC	02.22.2017	03.28.2017	27.41	29.64			(2.23)
	0.02610097 BTC	02.09.2017	03.28.2017	27.44	25.49			1.95
	0.02622455 BTC	02.05.2017	03.28.2017	27.57	26.74			0.83
	0.02623389 BTC	02.12.2017	03.28.2017	27.58	26.61			0.97
	0.02649803 BTC	02.06.2017	03.28.2017	27.86	27.21			0.65
	0.02733095 BTC	02.17.2017	03.28.2017	28.73	28.93			(0.2)
	0.02819169 BTC	02.02.2017	03.28.2017	29.64	28.52			1.12
	0.02821905 BTC	01.29.2017	03.28.2017	29.67	25.88			3.79
	0.02823225 BTC	02.03.2017	03.28.2017	29.68	28.67			1.01
	0.0284697 BTC	02.01.2017	03.28.2017	29.93	28.28			1.65
	0.02848823 BTC	01.28.2017	03.28.2017	29.95	26.38			3.57
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			397.45	384.12			13.33

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37768Z

Form **8949** (2017)

Form **8949**Department of the Treasury
Internal Revenue Service**Sales and Other Dispositions of Capital Assets**▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2017Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.02853704 BTC	02.04.2017	03.28.2017	30.0	29.51			0.49
	0.02857123 BTC	01.25.2017	03.28.2017	30.04	25.68			4.36
	0.02864211 BTC	01.24.2017	03.28.2017	30.11	25.76			4.35
	0.02869071 BTC	01.26.2017	03.28.2017	30.16	26.38			3.78
	0.02873103 BTC	01.31.2017	03.28.2017	30.2	28.06			2.14
	0.02876276 BTC	01.30.2017	03.28.2017	30.24	26.57			3.67
	0.02877181 BTC	01.27.2017	03.28.2017	30.25	26.58			3.67
	0.02882034 BTC	01.23.2017	03.28.2017	30.3	26.12			4.18
	0.03310734 BTC	01.22.2017	03.28.2017	34.81	30.55			4.26
	0.03319946 BTC	01.21.2017	03.28.2017	34.9	31.1			3.8
	0.03767022 BTC	01.11.2017	03.28.2017	39.6	29.31			10.29
	0.03803958 BTC	12.19.2016	03.28.2017	39.99	30.06			9.93
	0.03835133 BTC	01.20.2017	03.28.2017	40.32	34.29			6.03
	0.03920526 BTC	01.19.2017	03.28.2017	41.22	35.36			5.86
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				472.14	405.33			66.81

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37768Z

Form **8949** (2017)

Form **8949**
Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2017
Attachment
Sequence No. **12A**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.04071183 BTC	01.18.2017	03.28.2017	42.8	36.26			6.54
	0.04075687 BTC	01.16.2017	03.28.2017	42.85	33.99			8.86
	0.04147374 BTC	01.17.2017	03.28.2017	43.6	37.36			6.24
	0.04159717 BTC	01.15.2017	03.28.2017	43.73	34.86			8.87
	0.04185049 BTC	01.14.2017	03.28.2017	44.0	34.65			9.35
	0.04342404 BTC	01.13.2017	03.28.2017	45.65	36.72			8.93
	0.04360922 BTC	01.12.2017	03.28.2017	45.85	35.64			10.21
	0.04752088 BTC	01.05.2017	03.28.2017	49.96	46.71			3.25
	0.04923403 BTC	12.29.2016	03.28.2017	51.76	47.17			4.59
	0.04941408 BTC	01.03.2017	03.28.2017	51.95	51.7			0.25
	0.04964653 BTC	12.31.2016	03.28.2017	52.19	48.25			3.94
	0.0498822 BTC	12.30.2016	03.28.2017	52.44	47.67			4.77
	0.04998251 BTC	12.17.2016	03.28.2017	52.55	39.57			12.98
	0.05002312 BTC	01.01.2017	03.28.2017	52.59	50.6			1.99
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				671.92	581.15			90.77

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 377682

Form **8949** (2017)

Form **8949**
Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2017
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.05102739 BTC	12.15.2016	03.28.2017	53.64	39.74			13.9
	0.05103212 BTC	01.02.2017	03.28.2017	53.65	51.95			1.7
	0.0516298 BTC	12.23.2016	03.28.2017	54.28	46.89			7.39
	0.05211176 BTC	12.27.2016	03.28.2017	54.78	48.85			5.93
	0.05226462 BTC	12.25.2016	03.28.2017	54.94	46.9			8.04
	0.05240244 BTC	12.16.2016	03.28.2017	55.09	41.38			13.71
	0.05259101 BTC	12.28.2016	03.28.2017	55.29	51.45			3.84
	0.05277354 BTC	01.04.2017	03.28.2017	55.48	60.1			(4.62)
	0.05298864 BTC	12.20.2016	03.28.2017	55.71	42.49			13.22
	0.05351695 BTC	12.24.2016	03.28.2017	56.26	46.58			9.68
	0.05404918 BTC	12.21.2016	03.28.2017	56.82	45.4			11.42
	0.05433641 BTC	12.26.2016	03.28.2017	57.12	49.01			8.11
	0.05484523 BTC	12.22.2016	03.28.2017	57.66	48.64			9.02
	0.05809048 BTC	01.06.2017	03.28.2017	61.07	48.97			12.1
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				781.79	668.35			113.44

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37768Z

Form **8949** (2017)

Form **8949**
Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2017
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.07881449 BTC	10.08.2016	03.28.2017	82.86	49.73			33.13
	0.79703783 BTC	09.07.2016	03.28.2017	837.91	496.68			341.23
	0.0029815 BTC	02.27.2017	05.03.2017	4.43	3.6			0.83
	0.01314879 BTC	02.24.2017	05.03.2017	19.52	15.63			3.89
	0.02532149 BTC	02.26.2017	05.03.2017	37.59	30.2			7.39
	0.0259087 BTC	02.25.2017	05.03.2017	38.46	29.61			8.85
	0.00621238 BTC	02.28.2017	05.08.2017	10.16	7.44			2.72
	0.00712958 BTC	03.01.2017	05.08.2017	11.66	8.79			2.87
	0.01945809 BTC	02.27.2017	05.08.2017	31.83	23.48			8.35
	0.36839294 BTC	03.02.2017	05.08.2017	602.69	477.45			125.24
	0.03506303 BTC	03.02.2017	05.08.2017	57.25	45.44			11.81
	0.00442165 BTC	03.02.2017	05.23.2017	10.0	5.73			4.27
	0.29586503 BTC	03.02.2017	05.26.2017	673.1	383.45			289.65
	0.00435989 BTC	03.02.2017	05.27.2017	9.47	5.52			3.95
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				2426.93	1582.75			844.18

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37768Z

Form **8949** (2017)

Form **8949**
Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2017
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.0065235 BTC	04.13.2017	05.27.2017	14.18	7.72			6.45
	0.00710165 BTC	04.12.2017	05.27.2017	15.43	8.64			6.79
	0.00737626 BTC	03.31.2017	05.27.2017	16.03	8.01			8.02
	0.00930233 BTC	04.04.2017	05.27.2017	20.21	10.65			9.56
	0.00976374 BTC	03.05.2017	05.27.2017	21.22	12.44			8.78
	0.01013724 BTC	03.09.2017	05.27.2017	22.03	12.24			9.79
	0.01015873 BTC	03.29.2017	05.27.2017	22.08	10.62			11.46
	0.01034695 BTC	03.23.2017	05.27.2017	22.48	10.52			11.96
	0.01052693 BTC	03.27.2017	05.27.2017	22.88	10.9			11.98
	0.01084255 BTC	03.17.2017	05.27.2017	23.56	11.88			11.68
	0.01093883 BTC	03.02.2017	05.27.2017	23.77	13.87			9.9
	0.01105049 BTC	03.20.2017	05.27.2017	24.01	11.83			12.18
	0.01110875 BTC	03.07.2017	05.27.2017	24.14	13.81			10.33
	0.01169438 BTC	03.28.2017	05.27.2017	25.41	11.91			13.5
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				297.43	155.04			142.38

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37768Z

Form **8949** (2017)

Form **8949**
Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2017
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.01192997 BTC	04.08.2017	05.27.2017	25.92	14.14			11.78
	0.01194956 BTC	04.02.2017	05.27.2017	25.97	13.67			12.3
	0.0119538 BTC	03.16.2017	05.27.2017	25.98	13.42			12.56
	0.01209664 BTC	04.11.2017	05.27.2017	26.29	14.8			11.49
	0.0121081 BTC	03.12.2017	05.27.2017	26.31	14.98			11.33
	0.01212961 BTC	03.30.2017	05.27.2017	26.36	12.81			13.55
	0.01228452 BTC	03.25.2017	05.27.2017	26.69	11.87			14.82
	0.01233509 BTC	04.06.2017	05.27.2017	26.8	14.78			12.02
	0.012348 BTC	03.21.2017	05.27.2017	26.83	13.39			13.44
	0.01249079 BTC	04.01.2017	05.27.2017	27.14	13.56			13.58
	0.01251515 BTC	03.06.2017	05.27.2017	27.2	16.06			11.14
	0.01259475 BTC	03.22.2017	05.27.2017	27.37	13.03			14.34
	0.01281738 BTC	04.09.2017	05.27.2017	27.85	15.52			12.33
	0.01335181 BTC	03.08.2017	05.27.2017	29.01	15.45			13.56
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			375.72	197.48			178.24

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37768Z

Form **8949** (2017)

Form **8949**
Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2017
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.01346238 BTC	03.04.2017	05.27.2017	29.25	17.07			12.18
	0.01350171 BTC	04.05.2017	05.27.2017	29.34	15.46			13.88
	0.0143475 BTC	04.07.2017	05.27.2017	31.18	17.09			14.09
	0.0145082 BTC	03.13.2017	05.27.2017	31.53	18.12			13.41
	0.01458267 BTC	03.15.2017	05.27.2017	31.69	18.33			13.36
	0.01465203 BTC	03.11.2017	05.27.2017	31.84	17.38			14.46
	0.01497447 BTC	03.18.2017	05.27.2017	32.54	15.12			17.42
	0.0150933 BTC	03.26.2017	05.27.2017	32.8	14.68			18.12
	0.01574095 BTC	03.10.2017	05.27.2017	34.21	18.07			16.14
	0.0159202 BTC	04.03.2017	05.27.2017	34.59	18.31			16.28
	0.01611855 BTC	03.14.2017	05.27.2017	35.03	20.14			14.89
	0.01660573 BTC	04.10.2017	05.27.2017	36.08	20.16			15.92
	0.01885669 BTC	03.19.2017	05.27.2017	40.98	19.38			21.6
	0.01913021 BTC	03.24.2017	05.27.2017	41.57	17.88			23.69
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				472.63	247.19			225.44

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37768Z

Form **8949** (2017)

Form **8949**Department of the Treasury
Internal Revenue Service**Sales and Other Dispositions of Capital Assets**▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2017Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.02104978 BTC	03.03.2017	05.27.2017	45.74	27.21			18.53
	0.05851332 BTC	03.02.2017	05.27.2017	127.15	75.83			51.32
	0.77027972 BTC	03.02.2017	05.27.2017	1673.83	974.3			699.53
	0.00013969 BTC	04.13.2017	05.27.2017	0.31	0.17			0.14
	0.00411387 BTC	04.16.2017	05.27.2017	9.12	4.82			4.3
	0.00612345 BTC	04.16.2017	05.27.2017	13.57	7.27			6.3
	0.00621589 BTC	04.18.2017	05.27.2017	13.78	7.46			6.32
	0.00667917 BTC	04.19.2017	05.27.2017	14.8	8.11			6.69
	0.00673112 BTC	04.20.2017	05.27.2017	14.92	8.39			6.53
	0.00678423 BTC	04.14.2017	05.27.2017	15.04	7.98			7.06
	0.00711635 BTC	04.17.2017	05.27.2017	15.77	8.5			7.27
	0.00891409 BTC	04.21.2017	05.27.2017	19.76	11.14			8.62
	0.0010606 BTC	04.21.2017	05.30.2017	2.42	1.32			1.09
	0.0033234 BTC	04.22.2017	05.30.2017	7.58	4.13			3.45
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				1973.79	1146.63			827.15

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37768Z

Form **8949** (2017)

Form **8949**Department of the Treasury
Internal Revenue Service**Sales and Other Dispositions of Capital Assets**

- Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2017Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.00321684 BTC	04.27.2017	08.25.2017	13.9	4.42			9.48
	0.00436118 BTC	04.24.2017	08.25.2017	18.84	5.49			13.35
	0.00487153 BTC	04.22.2017	08.25.2017	21.05	6.06			14.99
	0.00563264 BTC	04.23.2017	08.25.2017	24.34	7.04			17.3
	0.00606751 BTC	04.26.2017	08.25.2017	26.22	7.89			18.33
	0.00709293 BTC	04.25.2017	08.25.2017	30.65	9.08			21.57
	0.00219001 BTC	05.21.2017	08.30.2017	10.07	4.67			5.4
	0.00221741 BTC	04.27.2017	08.30.2017	10.19	3.04			7.15
	0.003511 BTC	06.07.2017	08.30.2017	16.14	10.0			6.14
	0.003525 BTC	06.09.2017	08.30.2017	16.2	10.0			6.2
	0.00375457 BTC	05.05.2017	08.30.2017	17.26	5.91			11.35
	0.00378997 BTC	05.12.2017	08.30.2017	17.42	6.21			11.21
	0.00393752 BTC	05.15.2017	08.30.2017	18.1	6.83			11.27
	0.00402827 BTC	05.01.2017	08.30.2017	18.52	5.89			12.63
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				258.9	92.53			166.37

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37768Z

Form **8949** (2017)

Form **8949**
Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074
2017
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (g) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.00425507 BTC	05.03.2017	08.30.2017	19.56	6.54			13.02
	0.00432723 BTC	05.13.2017	08.30.2017	19.89	7.74			12.15
	0.00435375 BTC	05.06.2017	08.30.2017	20.01	6.98			13.03
	0.00443031 BTC	05.14.2017	08.30.2017	20.37	7.95			12.42
	0.00444119 BTC	05.11.2017	08.30.2017	20.42	8.11			12.31
	0.0047802 BTC	05.07.2017	08.30.2017	21.97	7.71			14.26
	0.00530531 BTC	05.10.2017	08.30.2017	24.39	9.62			14.77
	0.00550061 BTC	05.09.2017	08.30.2017	25.29	9.57			15.72
	0.00595776 BTC	04.28.2017	08.30.2017	27.39	8.09			19.3
	0.00677426 BTC	05.02.2017	08.30.2017	31.14	10.01			21.13
	0.00746431 BTC	05.04.2017	08.30.2017	34.31	11.9			22.41
	0.00761055 BTC	05.08.2017	08.30.2017	34.99	12.86			22.13
	0.00820876 BTC	04.29.2017	08.30.2017	37.74	11.16			26.58
	0.00857344 BTC	04.30.2017	08.30.2017	39.41	11.92			27.49
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				376.88	130.16			246.72

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37768Z

Form **8949** (2017)

Form **8949**
Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2017
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.32736685 BTC	08.05.2017	08.30.2017	1504.9	1067.88			437.02
	0.43514397 BTC	08.05.2017	08.30.2017	1965.4	1419.45			545.94
	0.00217627 BTC	08.05.2017	09.03.2017	9.99	7.1			2.89
	0.00100279 BTC	08.10.2017	09.18.2017	3.6	3.44			0.16
	0.00127497 BTC	08.12.2017	09.18.2017	4.57	5.11			(0.54)
	0.00166956 BTC	08.11.2017	09.18.2017	5.99	6.07			(0.08)
	0.0018617 BTC	08.14.2017	09.18.2017	6.68	8.19			(1.51)
	0.01 BTC	09.14.2017	09.18.2017	35.87	34.96			0.91
	0.41649242 BTC	08.30.2017	09.18.2017	1494.01	1999.73			(505.72)
	0.58301171 BTC	08.05.2017	09.18.2017	2091.33	1996.61			94.72
	2.13400464 BTC	08.30.2017	09.18.2017	7654.93	9999.81			(2344.88)
	2.2599923 BTC	09.10.2017	09.18.2017	8106.86	9996.76			(1889.9)
	2.29725646 BTC	08.05.2017	09.18.2017	8240.53	7502.33			738.21
	2.4490426 BTC	08.13.2017	09.18.2017	8785.01	9996.76			(1211.75)
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			39909.67	44044.2			(4134.53)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37768Z

Form **8949** (2017)

Form **8949**
Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2017
Attachment
Sequence No. **12A**

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	12.84522945 BTC	09.16.2017	09.18.2017	46077.38	46041.28			36.1
	152.05506783 BTC	09.16.2017	09.20.2017	602293.16	545012.5			57280.66
	11.00035595 BTC	09.16.2017	09.22.2017	42655.31	39428.69			3226.62
	0.26516814 BTC	09.16.2017	09.25.2017	1001.04	950.44			50.6
	0.02358908 BTC	09.16.2017	10.03.2017	101.3	84.55			16.75
	1.16133773 BTC	09.16.2017	10.03.2017	5001.31	4162.59			838.72
	0.00495914 BTC	09.16.2017	10.03.2017	21.3	17.78			3.52
	0.00495162 BTC	09.16.2017	10.03.2017	21.31	17.75			3.56
	0.00094932 BTC	10.18.2017	10.24.2017	5.44	5.33			0.11
	0.00217627 BTC	10.04.2017	10.24.2017	12.47	9.24			3.23
	0.00464001 BTC	10.03.2017	10.24.2017	26.6	19.97			6.63
	0.00464664 BTC	10.03.2017	10.24.2017	26.64	19.96			6.68
	0.02001656 BTC	10.04.2017	10.24.2017	114.74	84.21			30.53
	0.023 BTC	10.23.2017	10.24.2017	131.84	135.98			(4.14)
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				697489.84	635990.27			61499.57

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37768Z

Form **8949** (2017)

Form **8949** (2017)

SCHEDULE E**(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2017Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

EVAN B AHERN & TAMMY TIPPETTS AHERN**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C or C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.**A** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☐ **Yes** ☐ **No**
B If "Yes," did you or will you file required Forms 1099? ☐ **Yes** ☐ **No****1a** Physical address of each property (street, city, state, ZIP code)
A **8887 W FLAMINGO RD, LAS VEGAS, NV 89147**
B
C

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	4	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- | | | | |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land | 7 Self-Rental |
| 2 Multi-Family Residence | 4 Commercial | 6 Royalties | 8 Other (describe) |

Income:	Properties:	A	B	C
3 Rents received	3	31,495		
4 Royalties received	4			

Expenses:

5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	6,370		
8 Commissions	8			
9 Insurance	9	3,214		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	8,371		
13 Other interest	13			
14 Repairs	14	7,895		
15 Supplies	15			
16 Taxes	16	2,420		
17 Utilities	17	118		
18 Depreciation expense or depletion	18	10,411		
19 Other (list) ▶ Statement #2	19	7,525		
20 Total expenses. Add lines 5 through 19	20	46,324		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	(14,829)		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(24,913)		

23a Total of all amounts reported on line 3 for all rental properties	23a	31,495		
b Total of all amounts reported on line 4 for all royalty properties	23b	0		
c Total of all amounts reported on line 12 for all properties	23c	8,371		
d Total of all amounts reported on line 18 for all properties	23d	10,411		
e Total of all amounts reported on line 20 for all properties	23e	46,324		

24 Income. Add positive amounts shown on line 21. Do not include any losses	24	0
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(24,913)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	(24,913)

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2017

Schedule E (Form 1040) 2017

Attachment Sequence No. 13

Page 2

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

EVAN B AHERN & TAMMY TIPPETTS AHERN

Your social security number

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** **Note:** If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☒ Yes ☐ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Statement #3		<input type="checkbox"/>		<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss	
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562
A			
B			
C			
D			
29a Totals			109,899
b Totals		1,217,714	
30 Add columns (g) and (i) of line 29a			30 109,899
31 Add columns (f), (h), and (i) of line 29b			31 (1,217,714)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32 (1,107,815)

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	(1,132,728)
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form **3800****General Business Credit**

OMB No. 1545-0895

2017Department of the Treasury
Internal Revenue Service (99)

- Go to www.irs.gov/Form3800 for instructions and the latest information.
► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Attachment
Sequence No. **22**

Name(s) shown on return

Identifying number

EVAN B AHERN & TAMMY TIPPETTS AHERN**Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**

(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2017. See instructions	3	
4	Carryforward of general business credit to 2017. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
5	Carryback of general business credit from 2018. Enter the amount from line 2 of Part III with box D checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	0

Part II Allowable Credit

7	Regular tax before credits:		
	<ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return 	7	
8	Alternative minimum tax:		
	<ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 35 Corporations. Enter the amount from Form 4626, line 14 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 	8	0
9	Add lines 7 and 8	9	0
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	0
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	0
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	0
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	
14	Tentative minimum tax:		
	<ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 33 Corporations. Enter the amount from Form 4626, line 12 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	14	0
15	Enter the greater of line 13 or line 14	15	0
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	0
17	Enter the smaller of line 6 or line 16	17	0

C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

For Paperwork Reduction Act Notice, see separate instructions.Form **3800** (2017)

EEA

Part II Allowable Credit (Continued)**Note:** If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked . . .	23	
24	Enter the applicable passive activity credit allowed for 2017. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	0
28	Add lines 17 and 26	28	0
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	0
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	291,702
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked . . .	32	
33	Enter the applicable passive activity credits allowed for 2017. See instructions	33	
34	Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	291,702
37	Enter the smaller of line 29 or line 36	37	0
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. • Individuals. Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b	38	0

Form 3800 (2017)

Page 3

Name(s) shown on return

Identifying number

EVAN B AHERN & TAMMY TIPPETTS AHERN**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A** ☒ General Business Credit From a Non-Passive Activity
B ☐ General Business Credit From a Passive Activity
C ☐ General Business Credit Carryforwards
D ☐ General Business Credit Carrybacks
E ☐ Reserved
F ☐ Reserved
G ☐ Eligible Small Business Credit Carryforwards
H ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1 a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4 a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	291,702
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	291,702
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	291,702

EEA

Form 3800 (2017)

Form **4797**Department of the Treasury
Internal Revenue Service**Sales of Business Property**
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2017Attachment
Sequence No. **27**

Name(s) shown on return

Identifying number

EVAN B AHERN & TAMMY TIPPETTS AHERN**1** Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions**1****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
FROM K-1							466,060

3 Gain, if any, from Form 4684, line 39**3****4** Section 1231 gain from installment sales from Form 6252, line 26 or 37**4****5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824**5****6** Gain, if any, from line 32, from other than casualty or theft**6****7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:**7****466,060****Partnerships (except electing large partnerships) and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.**8** Nonrecaptured net section 1231 losses from prior years. See instructions**8****9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions**9****Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7**11**

()

12 Gain, if any, from line 7 or amount from line 8, if applicable**12****13** Gain, if any, from line 31**13****14** Net gain or (loss) from Form 4684, lines 31 and 38a**14****15** Ordinary gain from installment sales from Form 6252, line 25 or 36**15****16** Ordinary gain or (loss) from like-kind exchanges from Form 8824**16****17** Combine lines 10 through 16**17****18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions . . .**18a****b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 . .**18b****For Paperwork Reduction Act Notice, see separate instructions.**Form **4797** (2017)

EEA

Form **6198**

(Rev. November 2009)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

At-Risk Limitations

- ▶ **Attach to your tax return.**
▶ **See separate instructions.**

OMB No. 1545-0712

Attachment
Sequence No. **31**

Identifying number

EVAN B AHERN & TAMMY TIPPETTS AHERN

Description of activity (see page 2 of the instructions)

AHERN IT LLC**Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts.**

See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	(610,671)
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	1,750,000
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	(31,215)
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	1,108,114

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8 ▶ 10a		
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.		
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date b <input type="checkbox"/> The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date b <input type="checkbox"/> The end of your prior year	18	
19a	Subtract line 18 from line 17 ▶ 19a		
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See page 8 of the instructions to find out how to report any deductible loss and any carryover	21	(0)

Note: If the loss is from a passive activity, see the Instructions for **Form 8582**, Passive Activity Loss Limitations, or the Instructions for **Form 8810**, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

Form **6198**

(Rev. November 2009)

Department of the Treasury
Internal Revenue Service**At-Risk Limitations**

- **Attach to your tax return.**
► **See separate instructions.**

OMB No. 1545-0712

Attachment
Sequence No. **31**

Name(s) shown on return

Identifying number

EVAN B AHERN & TAMMY TIPPETTS AHERN

Description of activity (see page 2 of the instructions)

AHERN IT LLC**Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts.**

See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	(607,043)
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	1,750,000
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	1,142,957

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8	10a	
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.		
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20.		
	See page 8 of the instructions to find out how to report any deductible loss and any carryover	21	(0)

Note: If the loss is from a passive activity, see the Instructions for **Form 8582**, Passive Activity Loss Limitations, or the Instructions for **Form 8810**, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

Form **6251****Alternative Minimum Tax - Individuals**

OMB No. 1545-0074

2017Department of the Treasury
Internal Revenue Service (99)► Go to www.irs.gov/Form6251 for instructions and the latest information.

► Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

EVAN B AHERN & TAMMY TIPPETTS AHERN**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	(927,640)
2	Reserved for future use	2	
3	Taxes from Schedule A (Form 1040), line 9	3	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38 is \$156,900 or less, enter -0-. Otherwise, see instructions	6	()
7	Tax refund from Form 1040, line 10 or line 21	7	()
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	()
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	()
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)	28	(927,640)

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2017, see instructions.)		
	IF your filing status is... AND line 28 is not over... THEN enter on line 29... Single or head of household \$120,700 \$54,300 Married filing jointly or qualifying widow(er) 160,900 84,500 Married filing separately 80,450 42,250	29	84,500
	If line 28 is over the amount shown above for your filing status, see instructions.		
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	0
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. • All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.	31	
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	0
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 6251 (2017)

Form **8863**Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return**Education Credits**
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or Form 1040A.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2017Attachment
Sequence No. **50****EVAN B AHERN & TAMMY TIPPETTS AHERN**

Your social security number

!
CAUTION*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	2,500
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	180,000
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	(839,863)
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	1,019,863
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	20,000
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	2,500
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below	8	1,000

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	1,500
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	0
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (0.20)	12	
13	Enter: \$132,000 if married filing jointly; \$66,000 if single, head of household, or qualifying widow(er)	13	
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	0
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33	19	

For Paperwork Reduction Act Notice, see your tax return instructions.Form **8863** (2017)

EEA

Form 8863 (2017)

Page 2

Name(s) shown on return

Your social security number

EVAN B AHERN & TAMMY TIPPETTS AHERN

!
CAUTION

Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.**20** Student name (as shown on page 1 of your tax return)**21** Student social security number (as shown on page 1 of your tax return)

SEVANNA AHERN

22 Educational institution information (see instructions)**a.** Name of first educational institution

BRIGHAM YOUNG UNIVERSITY

b. Name of second educational institution (if any)**(1)** Address. Number and street (or P.O. box), city, town or post office, state, and ZIP code. If a foreign address, see instructions.A153A ASB
PROVO, UT 84602**(1)** Address. Number and street (or P.O. box), city, town or post office, state, and ZIP code. If a foreign address, see instructions.**(2)** Did the student receive Form 1098-T from this institution for 2017? ☒ Yes ☐ No**(2)** Did the student receive Form 1098-T from this institution for 2017? ☐ Yes ☐ No**(3)** Did the student receive Form 1098-T from this institution for 2016 with box 2 filled in and box 7 checked? ☐ Yes ☒ No**(3)** Did the student receive Form 1098-T from this institution for 2016 with box 2 filled in and box 7 checked? ☐ Yes ☐ No**(4)** Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in **(2)** or **(3)**. You can get the EIN from Form 1098-T or from the institution.

87-0217280

(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in **(2)** or **(3)**. You can get the EIN from Form 1098-T or from the institution.**23** Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2017?☐ Yes - **Stop!** Go to line 31 for this student. ☒ No - Go to line 24.**24** Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2017 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.☒ Yes - Go to line 25. ☐ No - **Stop!** Go to line 31 for this student.**25** Did the student complete the first 4 years of postsecondary education before 2017? See instructions.☐ Yes - **Stop!** Go to line 31 for this student. ☒ No - Go to line 26.**26** Was the student convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance?☐ Yes - **Stop!** Go to line 31 for this student. ☒ No - Complete lines 27 through 30 for this student.

!
CAUTION

You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	4,000
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	2,000
29 Multiply line 28 by 25% (0.25)	29	500
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1	30	2,500

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
---	-----------	--

EEA

Form 8863 (2017)

Form **8889****Health Savings Accounts (HSAs)**

OMB No. 1545-0074

2017Attachment
Sequence No. **52**Department of the Treasury
Internal Revenue Service

► **Attach to Form 1040 or Form 1040NR.**
 ► **Go to www.irs.gov/Form8889 for instructions and the latest information.**

Name(s) shown on Form 1040 or Form 1040NR

EVAN B AHERN & TAMMY TIPPETTS AHERSocial security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ►**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions)	►	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)		2	
3	If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others , see the instructions for the amount to enter		3	6,750
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs		4	
5	Subtract line 4 from line 3. If zero or less, enter -0-		5	6,750
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter		6	6,750
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions)		7	
8	Add lines 6 and 7		8	6,750
9	Employer contributions made to your HSAs for 2017	9		
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		6,750
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13		

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2017 from all HSAs (see instructions)	14a	1,509
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	1,509
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	1,509
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	0
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		<input type="checkbox"/>
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

For Paperwork Reduction Act Notice, see your tax return instructions.Form **8889** (2017)

Form 8889 (2017) **EVAN B AHERN & TAMMY TIPPETTS AHERN**Page **2****Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

EEA

Form **8889** (2017)

Form **8867**Department of the Treasury
Internal Revenue Service**Paid Preparer's Due Diligence Checklist***Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC),
and Additional Child Tax Credit (ACTC)*

- To be completed by preparer and filed with Form 1040, 1040A, 1040EZ, 1040NR, 1040SS, or 1040PR.
► Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-1629

2017Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Taxpayer identification number

EVAN B AHERN & TAMMY TIPPETTS AHERN

Enter preparer's name and PTIN

DAVID DEITERMAN**P00142028****Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) claimed on this return and complete the related Parts I-IV for the credit(s) claimed (check all that apply).

EIC

☐

CTC/ACTC

☐

AOTC

☒

- 1** Did you complete the return based on information for tax year 2017 provided by the taxpayer or reasonably obtained by you?

☒ Yes ☐ No

- 2** Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?

☒ Yes ☐ No

- 3** Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following:
- Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s)
 - Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount

☒ Yes ☐ No

- 4** Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing the return, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)

☐ Yes ☒ No

- a** Did you make reasonable inquiries to determine the correct, complete, and consistent information?

☐ Yes ☐ No

- b** Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)

☐ Yes ☐ No

- 5** Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare Form 8867 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s)
- List those documents, if any, that you relied on.

☒ Yes ☐ NoSchool Records, Healthcare
Statement, 1098T

- 6** Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return if his/her return is selected for audit?

☒ Yes ☐ No

- 7** Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?
- (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)

☒ Yes ☐ No

- a** Did you complete the required recertification Form 8862?

☐ Yes ☐ No ☒ N/A

- 8** If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?

☒ Yes ☐ No ☐ N/A**For Paperwork Reduction Act Notice, see separate instructions.**Form **8867** (2017)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ACTC	AOTC
9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming EIC and does not have a qualifying child.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you explain to the taxpayer that he/she may not claim the EIC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tie-breaker rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part III Due Diligence Questions for Returns Claiming CTC and/or ACTC (If the return does not claim CTC or ACTC, go to Part IV.)

10a Did all children for whom the taxpayer is claiming the CTC/ACTC reside with the taxpayer? (If "Yes," go to question 10c; if "No," go to question 10b.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
c Have you determined that the taxpayer has not released the claim to another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

11 Did the taxpayer provide substantiation such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Part V Credit Eligibility Certification

- **You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**
- Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s);
 - Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
 - Submit Form 8867 in the manner required; **and**
 - Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under **Document Retention**.
 - A copy of Form 8867,
 - The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
 - Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
 - A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
 - A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.
- **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

12 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Form **8959****Additional Medicare Tax**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ If any line does not apply to you, leave it blank. See separate instructions.

▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

▶ Go to www.irs.gov/Form8959 for instructions and the latest information.**2017**Attachment
Sequence No. **71**

Name(s) shown on return

Your social security number

EVAN B AHERN & TAMMY TIPPETTS AHERN**Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	1,156,266	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	1,156,266	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		906,266
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		8,156

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18		8,156
----	--	----	--	-------

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	23,803	
20	Enter the amount from line 1	20	1,156,266	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	16,766	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		7,037
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		7,037

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8959 (2017)

Form **6765****Credit for Increasing Research Activities**

OMB No. 1545-0619

(Rev. March 2018)

▶ **Attach to your tax return.**Department of the Treasury
Internal Revenue Service▶ **Go to www.irs.gov/Form6765 for instructions and the latest information.**Attachment
Sequence No. **81**

Name(s) shown on return

Identifying number

EVAN B AHERN & TAMMY TIPPETTS AHERN**Section A - Regular Credit.** Skip this section and go to Section B if you are electing or previously elected (and are not revoking) the alternative simplified credit.

1	Certain amounts paid or incurred to energy consortia (see instructions)	1	
2	Basic research payments to qualified organizations (see instructions)	2	
3	Qualified organization base period amount	3	
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Wages for qualified services (do not include wages used in figuring the work opportunity credit)	5	
6	Cost of supplies	6	
7	Rental or lease costs of computers (see instructions)	7	
8	Enter the applicable percentage of contract research expenses. See instructions	8	
9	Total qualified research expenses. Add lines 5 through 8	9	
10	Enter fixed-base percentage, but not more than 16% (0.16) (see instructions)	10	%
11	Enter average annual gross receipts. See instructions	11	
12	Multiply line 11 by the percentage on line 10	12	
13	Subtract line 12 from line 9. If zero or less, enter -0-	13	
14	Multiply line 9 by 50% (0.50)	14	
15	Enter the smaller of line 13 or line 14	15	
16	Add lines 1, 4, and 15	16	
17	Are you electing the reduced credit under section 280C? ▶ Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," multiply line 16 by 13% (0.13). If "No," multiply line 16 by 20% (0.20) and see the instructions for the statement that must be attached. Fiscal year filers: see instructions. Members of controlled groups or businesses under common control: see instructions for the statement that must be attached	17	

Section B - Alternative Simplified Credit. Skip this section if you are completing Section A.

18	Certain amounts paid or incurred to energy consortia (see the line 1 instructions)	18	
19	Basic research payments to qualified organizations (see the line 2 instructions)	19	1,958,893
20	Qualified organization base period amount (see the line 3 instructions)	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	1,958,893
22	Add lines 18 and 21	22	1,958,893
23	Multiply line 22 by 20% (0.20)	23	391,779
24	Wages for qualified services (do not include wages used in figuring the work opportunity credit)	24	494,156
25	Cost of supplies	25	
26	Rental or lease costs of computers (see the line 7 instructions)	26	
27	Enter the applicable percentage of contract research expenses. See the line 8 instructions	27	
28	Total qualified research expenses. Add lines 24 through 27	28	494,156
29	Enter your total qualified research expenses for the prior 3 tax years. If you had no qualified research expenses in any one of those years, skip lines 30 and 31	29	522,398
30	Divide line 29 by 6.0	30	87,066
31	Subtract line 30 from line 28. If zero or less, enter -0-	31	407,090
32	Multiply line 31 by 14% (0.14). If you skipped lines 30 and 31, multiply line 28 by 6% (0.06)	32	56,993

For Paperwork Reduction Act Notice, see separate instructions.Form **6765** (Rev. 3-2018)

EEA

Section B - Alternative Simplified Credit (continued)

33 Add lines 23 and 32	33	448,772
34 Are you electing the reduced credit under section 280C? ▶ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If "Yes," multiply line 33 by 65% (0.65). If "No," enter the amount from line 33 and see the line 17 instructions for the statement that must be attached. Fiscal year filers: see instructions. Members of controlled groups or businesses under common control: see instructions for the statement that must be attached	34	291,702

Section C - Current Year Credit

35 Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also used to figure the credit on line 17 or line 34 (whichever applies)	35	
36 Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0-	36	291,702
37 Credit for increasing research activities from partnerships, S corporations, estates, and trusts	37	
38 Add lines 36 and 37 • Estates and trusts, go to line 39. • Partnerships and S corporations not electing the payroll tax credit, stop here and report this amount on Schedule K. • Partnerships and S corporations electing the payroll tax credit, complete Section D and report on Schedule K the amount on this line reduced by the amount on line 44. • Eligible small businesses, stop here and report the credit on Form 3800, Part III, line 4i. See instructions for the definition of eligible small business. • Filers other than eligible small businesses, stop here and report the credit on Form 3800, Part III, line 1c. Note: Qualified small business filers, other than partnerships and S corporations, electing the payroll tax credit must complete Form 3800 before completing Section D.	38	291,702
39 Amount allocated to beneficiaries of the estate or trust (see instructions)	39	
40 Estates and trusts, subtract line 39 from line 38. For eligible small businesses, report the credit on Form 3800, Part III, line 4i. See instructions. For filers other than eligible small businesses, report the credit on Form 3800, Part III, line 1c	40	

Section D - Qualified Small Business Payroll Tax Election and Payroll Tax Credit. Skip this section if the payroll tax election does not apply. See instructions.

41 Check this box if you are a qualified small business electing the payroll tax credit. See instructions <input type="checkbox"/>		
42 Enter the portion of line 36 elected as a payroll tax credit (do not enter more than \$250,000). See instructions	42	
43 General business credit carryforward from the current year (see instructions). Partnerships and S corporations skip this line and go to line 44	43	
44 Partnerships and S corporations, enter the smaller of line 36 or line 42. All others, enter the smallest of line 36, line 42, or line 43. Enter here and on the applicable line of Form 8974, Part 1, column (e). Members of controlled groups or businesses under common control: see instructions for the statement that must be attached	44	

Form **8582****Passive Activity Loss Limitations**

OMB No. 1545-1008

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.**2017**

Attachment

Sequence No. **88**

Name(s) shown on return

Identifying number

EVAN B AHERN & TAMMY TIPPETTS AHERN**Part I 2017 Passive Activity Loss**

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see**Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(14,829)	
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	(10,084)	
d Combine lines 1a, 1b, and 1c	1d		(24,913)

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	()	
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()	
c Add lines 2a and 2b	2c	()	

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	()	
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()	
d Combine lines 3a, 3b, and 3c	3d		

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4		(24,913)
--	----------	--	------------

If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5	24,913
6 Enter \$150,000. If married filing separately, see instructions	6	150,000
7 Enter modified adjusted gross income, but not less than zero (see instructions)	7	
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
8 Subtract line 7 from line 6	8	150,000
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	25,000
10 Enter the smaller of line 5 or line 9	10	24,913

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12 Enter the loss from line 4	12	
13 Reduce line 12 by the amount on line 10	13	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	
16 Total losses allowed from all passive activities for 2017. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	24,913

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2017)

Form **8829**Department of the Treasury
Internal Revenue Service (99)
Name(s) of proprietor(s)**Expenses for Business Use of Your Home**► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**► **Go to www.irs.gov/Form8829 for instructions and the latest information.**

OMB No. 1545-0074

2017Attachment
Sequence No. **176**

Your social security number

EVAN B AHERN**Part I Part of Your Home Used for Business**

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	1,200
2	Total area of home	2	4,000
3	Divide line 1 by line 2. Enter the result as a percentage	3	30.00%
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	30.00%

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home (see instructions)	8	(935,315)
See instructions for columns (a) and (b) before completing lines 9-21.			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	
18	Rent	18	84,125
19	Repairs and maintenance	19	
20	Utilities	20	
21	Other expenses (see instructions)	21	
22	Add lines 16 through 21	22	84,125
23	Multiply line 22, column (b), by line 7	23	25,238
24	Carryover of prior year operating expenses (see instructions)	24	
25	Add line 22, column (a), line 23, and line 24	25	25,238
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	
30	Carryover of prior year excess casualty losses and depreciation (see instructions)	30	
31	Add lines 28 through 30	31	
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	
33	Add lines 14, 26, and 32	33	
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	
39	Business basis of building. Multiply line 38 by line 7	39	
40	Depreciation percentage (see instructions)	40	%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	

Part IV Carryover of Unallowed Expenses to 2018

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	25,238
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	

For Paperwork Reduction Act Notice, see your tax return instructions.Form **8829** (2017)

Schedule A - NOL (see instructions)

1	Enter the amount from your 2017 Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount (see instructions)	1	(927,640)
2	Nonbusiness capital losses before limitation. Enter as a positive number	2	
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	3	3,764,720
4	If line 2 is more than line 3, enter the difference. Otherwise, enter -0-	4	
5	If line 3 is more than line 2, enter the difference. Otherwise, enter -0-	5	3,764,720
6	Nonbusiness deductions (see instructions)	6	87,777
7	Nonbusiness income other than capital gains (see instructions)	7	50,414
8	Add lines 5 and 7	8	3,815,134
9	If line 6 is more than line 8, enter the difference. Otherwise, enter -0-	9	
10	If line 8 is more than line 6, enter the difference. Otherwise, enter -0-. But don't enter more than line 5	10	3,727,357
11	Business capital losses before limitation. Enter as a positive number	11	
12	Business capital gains (without regard to any section 1202 exclusion)	12	466,060
13	Add lines 10 and 12	13	4,193,417
14	Subtract line 13 from line 11. If zero or less, enter -0-	14	
15	Add lines 4 and 14	15	
16	Enter the loss, if any, from line 16 of your 2017 Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 19, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you don't have a loss on that line (and don't have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15	16	
17	Section 1202 exclusion. Enter as a positive number	17	
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	
19	Enter the loss, if any, from line 21 of your 2017 Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 20 of Schedule D (Form 1041).) Enter as a positive number	19	
20	If line 18 is more than line 19, enter the difference. Otherwise, enter -0-	20	
21	If line 19 is more than line 18, enter the difference. Otherwise, enter -0-	21	
22	Subtract line 20 from line 15. If zero or less, enter -0-	22	
23	Domestic production activities deduction from your 2017 Form 1040, line 35, or Form 1040NR, line 34 (or included on Form 1041, line 15a)	23	
24	NOL deduction for losses from other years. Enter as a positive number	24	
25	NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you don't have an NOL	25	(927,640)

Federal Supporting Statements

2017 PG01

Name(s) as shown on return

Your Social Security Number

EVAN B AHERN

SCHEDULE C - PART V - OTHER EXPENSES

Statement #1

DESCRIPTION	AMOUNT
RESEARCH	324,113
SOFTWARE DEVELOPMENT	99,799
DUES	63,218
GEOCOMMERCE INC	50,000
TELEPHONE	18,867
100% MEALS FROM EVAN FAMILY	9,296
CONVENTIONS	7,636
DUES FROM EVAN FAMILY QB	3,944
R&D FROM EVAN FAMILY QB	2,893
UNIFORMS FROM EVAN FAMILY QB	2,646
BANK CHARGES	1,348
COMPUTER UTILITIES	318
TOTAL	584,078

SCHEDULE E - LINE 19 - OTHER EXPENSES

PG01
Statement #2

OTHER EXPENSES	PROPERTY A	PROPERTY B	PROPERTY C
CAMS	6,375		
REFINANCE FEE	1,150		
TOTAL	7,525		

Federal Supporting Statements

2017 PG01

Name(s) as shown on return

Your Social Security Number

EVAN B AHERN & TAMMY TIPPETTS AHERN

SCHEDULE E - LINE 28 - PARTNERSHIPS AND S CORPORATIONS

Statement #3

A- NAME OF ENTITY	B- PARTNERSHIP	C- X IF	E- NOT AT		F- P LOSS	G- P INCOME	H- LOSS	I- SEC 179	J- INCOME
	OR S CORP	FOREIGN	D- EIN	RISK					
THE DFA FAMILY LIMITED PTSHP	P		88-0354329		0	0	0	0	109,899
AHERN IT LLC	S		27-4279718	X	0	0	0	0	0
PYA	S		27-4279718	X	0	0	610,671	0	0
AHERN IT LLC	S		27-4279718	X	0	0	0	0	0
PYA	S		27-4279718	X	0	0	607,043	0	0
TOTAL					0	0	1,217,714	0	109,899

**RESOLUTIONS ADOPTED BY SOLE MEMBER OF AHERN ENERGY, LLC,
A NEVADA LIMITED LIABILITY COMPANY**

The undersigned, being the manager and sole member and holder of 100% of the membership interest of Ahern Energy, LLC, a Nevada limited liability company (the "**Company**"), hereby adopts and approves, to be effective June 16, 2021 (the "**Effective Date**"), the following on behalf of Company:

1. to file a voluntary petition for relief under Chapter 11 of the Bankruptcy Code (such voluntary petition, the "**Chapter 11 Case**") in a court of proper jurisdiction (the "**Bankruptcy Court**") being the United States Bankruptcy Court for the District of Nevada and file all petitions, schedules, motions, lists, applications, pleadings, and other papers and, in connection therewith;
2. Evan Ahern (the "**Authorized Representative**") is authorized, in the name and on behalf of the Company, appointed as the Company's authorized representative, and in such capacity, acting alone, with power of delegation, be, and hereby is, authorized and empowered to execute and file on behalf of the Company, all petitions, schedules, lists, applications, pleadings and other motions, papers, agreements, consents or documents, and to take any and all action that he deems necessary or proper to obtain such relief, including, without limitation, any action necessary to maintain the ordinary course operation of the Company's business;
3. The Authorized Representative is authorized to employ the law firm of GARMAN TURNER GORDON as general bankruptcy counsel to represent and assist the Company in carrying out its duties under the Bankruptcy Code, and to take any and all actions to advance the Company's rights and obligations, including filing any pleadings; and in connection therewith and to cause to be filed an appropriate application for authority to retain the services of GARMAN TURNER GORDON;
4. The Authorized Representative is authorized to employ and retain all assistance by legal counsel, accountants, financial advisors, and other professionals and to take and perform any and all further acts and deeds that he deems necessary, proper or desirable in connection with the Chapter 11 Case, with a view to the successful prosecution of the Chapter 11 Case;
5. The Authorized Representative is authorized in the name of and on behalf of the Company, to take or cause to be taken any and all such other and further action, and to execute, acknowledge, deliver and file any and all such agreements, certificates, instruments and other documents and to pay all expenses, including but not limited to filing fees, in each case as in his judgment, shall be necessary, advisable or desirable in order to fully carry out the intent and accomplish the purposes of the actions authorized herein;

All members of the Company have received sufficient notice of the actions and transactions relating to the matters by the foregoing resolutions, as may be required by Nevada law, or hereby waive any right to have received such notice.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 16th day of June, 2021.


EVAN AHERN
100% MEMBER AND MANAGER


TAMMY AHERN
100% MEMBER AND MANAGER

Fill in this information to identify the case:Debtor name Ahern Enerav LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☐ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☐ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 16, 2021

x Evan Ahern
Signature of individual signing on behalf of debtor

Evan Ahern

Printed name

Manager and Member

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Ahern Energy LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known): _____

☐ Check if this is an
amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders** 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Horst Jicha c/o Law Offices of Hayes & Welsh 199 N. Arroyo Grande Blvd. Suite 200 Henderson, NV 89074			Unliquidated Disputed	\$1,885,208.18	\$0.00	\$1,885,208.18
DS Consulting						\$263,264.00
SHAWN SABHARWAL 604 Lakeshore Drive Lexington, KY 40502						\$165,000.00
W3M CONSULTING 7150 E. Cambelback Road Scottsdale, AZ 85251	Fred Von Graf					\$50,000.00
Dennis Danzik 1111 E. Lincoln Way Suite 212 Cheyenne, WY 82001						\$50,000.00
Vortex Technologies St Matthais College College Road Fishponds Bristol UK BS16 2JP			Disputed			\$20,134.80
Youssefian 718 West Sunset Road Henderson, NV 89011						\$5,600.00

Fill in this information to identify the case:Debtor name **Ahern Energy LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **6,270,396.35****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **6,270,396.35****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **1,885,208.18****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **553,998.80****4. Total liabilities**
Lines 2 + 3a + 3b\$ **2,439,206.98**

Fill in this information to identify the case:Debtor name **Ahern Energy LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☒ No. Go to Part 2.
☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

Part 2: Deposits and Prepayments**6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments**13. Does the debtor own any investments?**

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

		Valuation method used for current value	Current value of debtor's interest
14.	Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock:		
15.	Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture Name of entity:	% of ownership	
	201.5 membership interests of Wyo Tech		
15.1.	Investment Group, LLC	4.03 %	\$2,150,000.00

Debtor **Ahern Energy LLC** Case number (If known) _____
 Name

15.2. **814,400 corporate shares of Inductance Energy Corporation** % **\$2,035,000.00**

15.3. **Quantum Energy Inc.** % **\$2,080,000.00**

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
 Describe:

17. **Total of Part 4.**

\$6,265,000.00

Add lines 14 through 16. Copy the total to line 83.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	Inverters (3)	\$0.00		\$1,296.35
	Shop tools	\$0.00		\$4,100.00

Debtor **Ahern Energy LLC**
Name

Case number (if known) _____

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$5,396.3552. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes Fill in the information below.**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.☐ Yes Fill in the information below.**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.☐ Yes Fill in the information below.

Debtor **Ahern Energy LLC**
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$6,265,000.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$5,396.35	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$6,270,396.35	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$6,270,396.35

Fill in this information to identify the case:Debtor name **Ahern Energy LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Horst Jicha <small>Creditor's Name</small> c/o Law Offices of Hayes & Welsh 199 N. Arroyo Grande Blvd. Suite 200 Henderson, NV 89074 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Judgment Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,885,208.18	\$0.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,885,208.18**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Adam Hosmer-Henner and Rory T. Kay McDonald Carano LLP 2300 West Sahara Ave., Suite 1200 Las Vegas, NV 89102	Line 2.1	

Fill in this information to identify the case:Debtor name **Ahern Energy LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Dennis Danzik 1111 E. Lincoln Way Suite 212 Cheyenne, WY 82001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$50,000.00
3.2	Nonpriority creditor's name and mailing address DS Consulting Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$263,264.00
3.3	Nonpriority creditor's name and mailing address SHAWN SABHARWAL 604 Lakeshore Drive Lexington, KY 40502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$165,000.00
3.4	Nonpriority creditor's name and mailing address Vortex Technologies St Matthais College College Road Fishponds Bristol UK BS16 2JP Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$20,134.80

Debtor **Ahern Energy LLC**

Name

Case number (if known)

3.5 Nonpriority creditor's name and mailing address

W3M CONSULTING
7150 E. Cambelback Road
Scottsdale, AZ 85251

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$50,000.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.6 Nonpriority creditor's name and mailing address

Youssefian
718 West Sunset Road
Henderson, NV 89011

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$5,600.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **0.00**5b. + \$ **553,998.80**5c. \$ **553,998.80**

Fill in this information to identify the case:Debtor name **Ahern Energy LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Technology Distributor License Agreement**

State the term remaining

List the contract number of any government contract _____

Copiatek Creation Group, LLC2.2. State what the contract or lease is for and the nature of the debtor's interest **Technology Distributor License Agreement**

State the term remaining

List the contract number of any government contract _____

**Limitless Tech Consortium, LLC
c/o Charles Bodhy
4456 North Abbe Road, #103
Sheffield Lake, OH 44054**2.3. State what the contract or lease is for and the nature of the debtor's interest **Second Amended Investment Option Agreement**

State the term remaining

List the contract number of any government contract _____

Wyo Tech Investment Group, LLC2.4. State what the contract or lease is for and the nature of the debtor's interest **By Unanimous Consent a Resolution and an Amendment to the Operating Agreement of Why Tech Investment Group, LLC**

State the term remaining

List the contract number of any government contract _____

Wyo Tech Investment Group, LLC

Debtor 1 **Ahern Energy LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Fill in this information to identify the case:Debtor name **Ahern Energy LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Evan Buckley Ahern** **2487 W. Zinfandel Dr. Saint George, UT 84770**

Dennis Danzik

☐ D _____
☒ E/F **3.1**
☐ G _____

2.2 **Evan Buckley Ahern** **2487 W. Zinfandel Dr. Saint George, UT 84770**

Horst Jicha

☒ D **2.1**
☐ E/F _____
☐ G _____

2.3 **Evan Buckley Ahern** **2487 W. Zinfandel Dr. Saint George, UT 84770**

W3M CONSULTING

☐ D _____
☒ E/F **3.5**
☐ G _____

2.4 **Evan Buckley Ahern** **2487 W. Zinfandel Dr. Saint George, UT 84770**

Youssefian

☐ D _____
☒ E/F **3.6**
☐ G _____

2.5 **Evan Buckley Ahern** **2487 W. Zinfandel Dr. Saint George, UT 84770**

DS Consulting

☐ D _____
☒ E/F **3.2**
☐ G _____

Fill in this information to identify the case:Debtor name Ahern Energy LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**
Check all that apply**Gross revenue**
(before deductions and exclusions)**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
*Check all that apply***4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.**Insider's name and address**
Relationship to debtor**Dates****Total amount of value****Reasons for payment or transfer****5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

Debtor **Ahern Energy LLC**

Case number (if known)

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Horst Jicha v. Ahern Energy, LLC; Evan Ahern; DOES/ROE Corproations A-18-775410-C	Breach of contract	Eighth Judicial District Court Regional Justice Center 200 Lewis Avenue Las Vegas, NV 89101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

Debtor **Ahern Energy LLC**

Case number (if known)

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Garman Turner Gordon LLP 7251 Amigo Street Ste. 210 Las Vegas, NV 89119			\$46,000.00
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Debtor **Ahern Energy LLC**

Case number (if known) _____

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

- ☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Debtor **Ahern Energy LLC**

Case number (if known)

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed EIN: From-To
25.1. Wyo Tech Investment Group, LLC			
25.2. Inductance Energy Corporation			
25.3. Quantum Energy, Inc.			

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. Evan Buckley Ahern 2487 W. Zinfandel Dr. Saint George, UT 84770	

Debtor **Ahern Energy LLC**

Case number (if known) _____

Name and address**Date of service
From-To**

26a.2. **Tammy Tippetts Ahern**
2487 W. Zinfandel Dr.
Saint George, UT 84770

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address**Date of service
From-To**

26b.1. **David Deiterman**
2401 N. Decatur Blvd # 105
Las Vegas, NV 89108

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address**If any books of account and records are
unavailable, explain why**

26c.1. **Evan Buckley Ahern**
2487 W. Zinfandel Dr.
Saint George, UT 84770

26c.2. **Tammy Tippetts Ahern**
2487 W. Zinfandel Dr.
Saint George, UT 84770

26c.3. **David Deiterman**
2410 N Decatur Blvd # 105
Las Vegas, NV 89108

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the
inventory****Date of inventory****The dollar amount and basis (cost, market,
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Evan Buckley Ahern	2487 W. Zinfandel Dr. Saint George, UT 84770	Manager and Member	100
Tammy Tippetts Ahern	2487 W. Zinfandel Dr. Saint George, UT 84770	Manager and Member	100

Debtor Ahern Energy LLC

Case number (if known) _____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation _____

Employer Identification number of the parent corporation _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund _____

Employer Identification number of the parent corporation _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 16, 2021Evan Ahern

Signature of individual signing on behalf of the debtor

Printed name

Position or relationship to debtor Manager and Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**United States Bankruptcy Court
District of Nevada**

In re Ahern Energy LLC

Debtor(s)

Case No.
Chapter11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
--	----------------	----------------------	------------------

Evan Buckley Ahern
2487 W. Zinfandel Dr.
Saint George, UT 84770

Tammy Tippetts Ahern
2487 W. Zinfandel Dr.
Saint George, UT 84770

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Manager and Member** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date June 16, 2021

Signature


Evan Ahern

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
District of Nevada**

In re Ahern Enerav LLC

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Manager and Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: June 16, 2021



Evan Ahern/Manager and Member
Signer/Title

Ahern Energy LLC
9811 W CHARLESTON BLVD
STE 2-687
Las Vegas, NV 89117

Mark M. Weisenmiller
Garman Turner Gordon LLP
7251 Amigo Street, Suite 210
Las Vegas, NV 89119

Adam Hosmer-Henner and Rory T. Kay
McDonald Carano LLP
2300 West Sahara Ave., Suite 1200
Las Vegas, NV 89102

Copiatek Creation Group, LLC

Dennis Danzik
1111 E. Lincoln Way
Suite 212
Cheyenne, WY 82001

Dept. of Employment, Training & Rehab
Employment Security Division
500 East Third Street
Carson City, NV 89713

DS Consulting

Evan Buckley Ahern
2487 W. Zinfandel Dr.
Saint George, UT 84770

Horst Jicha
c/o Law Offices of Hayes & Welsh
199 N. Arroyo Grande Blvd.
Suite 200
Henderson, NV 89074

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101

Limitless Tech Consortium, LLC
c/o Charles Bodhy
4456 North Abbe Road, #103
Sheffield Lake, OH 44054

Nevada Dept. of Taxation, Bankruptcy Sec
555 E. Washington Ave., #1300
Las Vegas, NV 89101

SHAWN SABHARWAL
604 Lakeshore Drive
Lexington, KY 40502

United States Trustee
300 Las Vegas Blvd. South #4300
Las Vegas, NV 89101

Vortex Technologies
St Matthais College
College Road
Fishponds
Bristol UK BS16 2JP

W3M CONSULTING
7150 E. Cambelback Road
Scottsdale, AZ 85251

Wyo Tech Investment Group, LLC

Youssefian
718 West Sunset Road
Henderson, NV 89011

**United States Bankruptcy Court
District of Nevada**

In re **Ahern Energy LLC**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Ahern Energy LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

June 16, 2021

Date

*/s/ Mark M. Weisenmiller***Mark M. Weisenmiller 12128**

Signature of Attorney or Litigant

Counsel for **Ahern Energy LLC****Garman Turner Gordon LLP****7251 Amigo Street, Suite 210****Las Vegas, NV 89119****725-777-3000**

Name, Address, Telephone No. & I.D. No.

Mark M. Weisenmiller 12128
 7251 Amigo Street, Suite 210
 Las Vegas, NV 89119
 725-777-3000
 12128 NV

UNITED STATES BANKRUPTCY COURT
 District of Nevada

In Re
Ahern Energy LLC

BANKRUPTCY NO.
 CHAPTER NO. 11

Debtor(s)

**DECLARATION RE: ELECTRONIC FILING OF PETITION
 SCHEDULES, STATEMENTS AND PLAN (if applicable)**

PART I - DECLARATION OF PETITIONER

I [We] Evan Ahern and _____, the undersigned debtor(s) hereby declare under penalty of perjury that the information I have given my attorney and the information provided in the electronically filed petition, statements, schedules, amendments and plan (if applicable) as indicated above is true and correct. I consent to my attorney filing my petition, this declaration, statements, schedules and plan (if applicable) as indicated above to the United States Bankruptcy Court. I understand that this DECLARATION RE: ELECTRONIC FILING is to be filed with the Clerk once all schedules have been filed electronically but, in no event, no later than 15 days following the date the petition was electronically filed. I understand that failure to file the signed original of this DECLARATION will cause my case to be dismissed pursuant to 11 U.S.C. § 707(a)(3) without further notice.

- ☐ If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7 or 13. I am aware that I may proceed under chapter 7, 11, 12, or 13 of 11 United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7 or 13. I request relief in accordance with the chapter specified in this petition.
- ☒ [If petitioner is a corporation or partnership] I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in this petition.

Dated: June 16, 2021

Signed:


 Evan Ahern/Manager and Member
 (Applicant)

PART II - DECLARATION OF ATTORNEY

I, the attorney for the petitioner named in the foregoing petition, declare that, I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

Dated: June 16, 2021

Signed:

/s/ Mark M. Weisenmiller
 Mark M. Weisenmiller 12128
 Attorney for Debtor(s)